

## **D&S Diversified Technologies LLP**

## **Headmaster LLP**

# Missouri Nurse Aide Candidate Handbook

UPDATED: February 2025

Version 10

#### **Updates were made to the following sections:**

ADA Accommodations (page 4).
Identification (pages 19-20).
Test Review Request (pages 29-30).
Remotely Proctored Knowledge Exam (pages 34-38).
NO CHANGES WERE MADE TO THE SKILL TASKS OR VOCABULARY WORDS.

## **Contact Information**

Questions regarding: testing process • test scheduling • eligibility to test (888) 401-0462				
Questions regarding: nurse aide certification • renewals • Nurse Aide Registry (888) 401-0465				
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Missouri Department of Health and Senior Services (DHSS) Health Education Unit PO Box 570 Jefferson City, MO 65102 Email: <a href="mailto:cnaregistry@health.mo.gov">cnaregistry@health.mo.gov</a> Web Site: <a href="mailto:https://cna.dhss.mo.gov">https://cna.dhss.mo.gov</a>	Monday through Friday 9:00AM – 3:30PM Central Time (CT)	Phone #: (573) 526-5686		

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## Introduction

Congress adopted the Nursing Home Reform Act in 1987 as part of the Omnibus Budget Reconciliation Act (OBRA '87). This federal law was designed to improve the quality of care in long-term healthcare facilities and define training and evaluation standards for Nurse Aides who work in such facilities. Each state is responsible for following the terms of this federal law.

As defined in the OBRA regulations, a nurse aide competency evaluation program provides specific standards for nurse aide-related knowledge and skills. The program's purpose is to ensure that candidates who are seeking to be nurse aides understand these standards and can competently and safely perform the job of an entry-level nurse aide.

This handbook describes the nurse aide competency examination process and is designed to help prepare candidates for testing. The examination has two parts: a multiple-choice knowledge test and a skill test. Candidates must pass both parts to be identified and listed on the Missouri Nurse Aide Registry.

The Missouri Department of Health and Senior Services (DHSS) approved D&S Diversified Technologies (D&SDT)-Headmaster, LLP to provide tests and scoring services for nurse aide testing. For questions not answered in this handbook, please contact D&SDT-HEADMASTER at (888)401-0462 or go to the Missouri webpage. The information in this handbook will help you prepare for your examination.

## **Nurse Aide Registry Requirements**

The Missouri Nurse Aide Registry (MOCNAR) lists the names of certified nurse aides who, through training, testing, and experience, meet federal and/or state requirements to work as a certified nurse aide in Missouri. The Registry also identifies candidates who have been placed on the EDL (Employee Disqualification List) or who have a Federal Indicator (a CNA employed in a certified facility that has been found guilty of abuse, neglect, or misappropriation of property) on their license.

Upon successful completion of training, passing both the knowledge and skills portions of the competency exam, and meeting federal and/or state requirements, a nurse aide candidate will be listed on the Missouri Certified Nurse Aide Registry (MOCNAR). A newly trained nurse aide candidate must pass both the knowledge and skills exams within one (1) year of the training start date. Review the Nurse Aide Competency Exam section below to help prepare for the exam.

## **Registry Maintenance**

Once placed on the Missouri CNA Registry, it is your responsibility to maintain your demographic information so that renewal notifications/alerts can be delivered to you in a timely manner. You must renew electronically by signing in to your TMU© account at <a href="mo.tmutest.com">mo.tmutest.com</a>. Use your Email or Username and Password to sign in. If you are new to the system or have forgotten your password, refer to the 'Forget my Password and Recover My Account' section in this handbook to reset your password. If you need assistance signing in to your TMU© account, call D&SDT-HEADMASTER at (888)401-0462 or (888)401-0465 during regular business hours 7:00AM to 7:00PM CT Monday through Friday, excluding holidays. Renewal reminders are emailed to your email address of record and/or text to your SMS-capable phone, so keeping your contact information up to date is important.

**Note:** Renewal notifications/alerts are sent via email and text message 60 days before your certification expiration date. No renewal certifications are sent via USPS mail. It is important to keep your TMU© demographic information updated to receive your renewal notification.

You can check your registry status, update your address and phone number, and check your eligibility expiration date from any Internet-capable device.

#### **DEMOGRAPHIC UPDATES / CHANGES / CORRECTIONS**

Registry name changes (marriage/divorce, etc.), date of birth changes, social security number corrections, etc., must be verified with appropriate documentation. Please complete the <a href="DEMOGRAPHIC CHANGE/CORRECTION">DEMOGRAPHIC CHANGE/CORRECTION</a> REQUEST FORM and upload your demographic change/correction documentation. The form is under 'Applications' on the Missouri TMU© main web page (before you log in to your account), or click on this link: <a href="https://mo.tmutest.com/apply/7">https://mo.tmutest.com/apply/7</a>.

## **Registry Renewal**

To maintain eligibility to work, you must renew it every 24 months. To be eligible to renew, you must work for pay as a certified nurse aide performing nursing or nursing-related services for at least eight (8) consecutive hours during the previous 24 months.

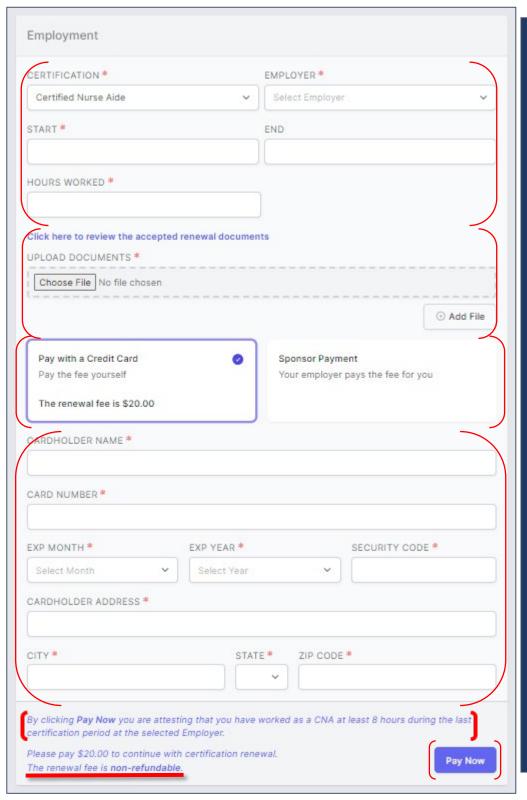
**Note:** If the documentation of work hours is unrelated to nursing services, your renewal may be denied. If denied, you may be allowed 15 business days to provide the correct documentation before you will be required to pay another renewal fee. Please ensure the documentation for the renewal includes 8 hours of nursing services provided within the last 24 months.

You must renew electronically by signing in to your TMU© account at <u>mo.tmutest.com</u>. Use your Email or Username and Password to sign in. If you are new to the system or have forgotten your password, refer to the 'Forget my Password?' section in this handbook to reset your password. Then follow the instructions below:

This screen will open up:



This is the next screen that opens up:



Choose your Employer from the drop-down

Enter your- Start Date

Enter your- Hours Worked

Any name-change documents can be uploaded

If your employer pays the renewal fee for you, select-

**SPONSOR PAYMENT** 

Complete the credit/debit card information to pay the non-refundable renewal fee of \$20.00

Click on-PAY NOW (NOTE: The renewal fee is non-refundable.)

After your payment has been made, another screen will pop up, and you will click on-CREATE

(You are self-attesting that you have worked as a CNA for at least 8 hours during the last certification period at the facility (employer) you listed.)

Your eligibility will be extended an additional 24 months.

Under federal regulations, a certified nurse aide becomes ineligible for employment if they do not perform at least 8 hours of nursing-related services for pay in a health care setting for a period of 24 consecutive months. To re-establish employment eligibility on the MOCNAR, you must successfully pass both components (knowledge and skills) of the approved Missouri nurse aide competency examination.

## **Registry Reciprocity**

This information is for applicants who want to be entered on the MOCNAR through the Missouri Reciprocity/Out-of-State registry placement process.

## How to Transfer your Certified Nurse Aide (CNA) Certification to Missouri from another State

To be considered for placement on the MOCNAR, you must be current and in good standing on a certified nurse aide registry in a state other than Missouri.

You must complete an out-of-state reciprocity application to meet the criteria and apply for reciprocity placement on the MOCNAR. The <u>Missouri CNA Reciprocity Application</u> can be found on the Missouri main TMU© page under 'APPLICATIONS' at <a href="https://mo.tmutest.com/apply/2">https://mo.tmutest.com/apply/2</a>.

Once DHSS has received your completed application and all required documentation, they will determine if you are eligible to be added to the Missouri Certified Nurse Aide Registry. You must have a valid email address to receive your TMU© login username and temporary password. You may check your Missouri Nurse Aide Registry (MOCNAR) listing at <a href="mo.tmutest.com">mo.tmutest.com</a>. Any personal information entered into TMU© will only be used to determine whether you can work as a certified nurse aide in Missouri. Failure to provide complete and accurate information during the reciprocity determination process may delay or even prevent you from being listed on the MOCNAR.

## Criteria to Challenge the Certified Nurse Aide Training Requirement

Individuals who meet special criteria may be eligible to take just the final certification examination (both knowledge and skills) without taking the certified nursing assistant course. A challenge will only be approved for one attempt to take the test. If either the skills test or knowledge test is failed then the individual will need to retake the whole course. For detailed information on the criteria to challenge the exam, follow the Missouri Department of Health and Senior Services link below:

health.mo.gov/safety/cnaregistry/

## Americans with Disabilities Act (ADA)

## **ADA Compliance**

The Missouri Department of Health and Senior Services and D&SDT-HEADMASTER provide reasonable accommodations for candidates with disabilities or limitations that may affect their ability to perform the nurse aide competency examination. Accommodations are granted in accordance with the Americans with Disabilities Act (ADA).

If you have a qualified disability or limitation, you may request special accommodations for examination. D&SDT-HEADMASTER must approve accommodations in advance of the examination. Complete the <u>ADA Accommodation Request Application</u> found on the Missouri Nurse Aide TMU© main page under 'APPLICATIONS' to be reviewed for accommodation.

ADA Accommodation Request Applications submitted without the required supporting documentation of a diagnosed disability will not be reviewed until the required documentation is provided. D&SDT-HEADMASTER will email you if further documentation or information is required using the email in your TMU© account.

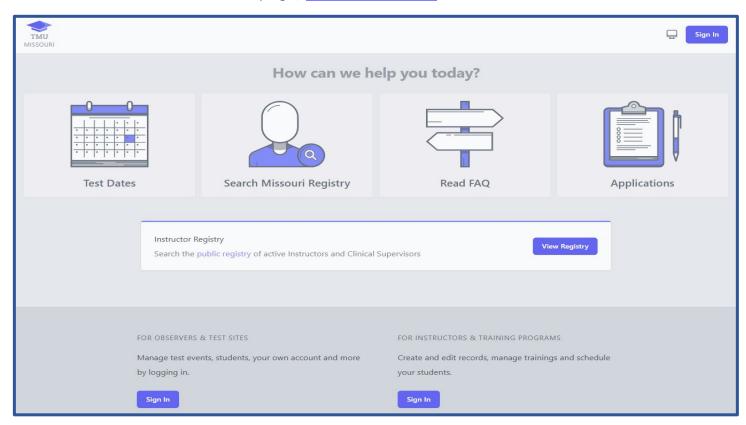
ADA request forms submitted without supporting documentation of a diagnosed disability will not be accepted or reviewed.

**Please allow additional time for your request to be approved.** If you have questions regarding the ADA review process or specific required documentation, please call D&SDT-HEADMASTER at (888)401-0462.

## Missouri TestMaster Universe© (TMU©)

## Missouri TMU© Home Page

This is the Missouri TMU© main page, mo.tmutest.com



- → Click on 'Test Dates' to see the calendar of available test events and their location
- → Click on 'Search Missouri Registry' to search the Registry
- → Click on 'Read FAQ' for frequently asked questions

## Complete your TMU© Account

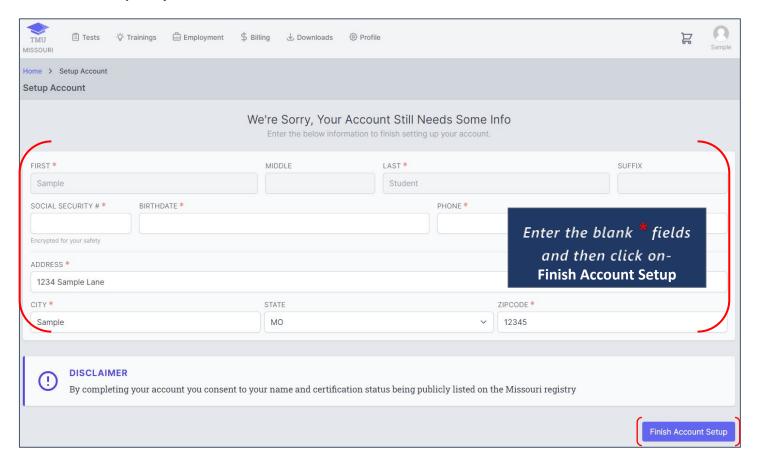
Your initial registration information will be entered in D&SDT-HEADMASTER's TestMaster Universe (TMU©) software.

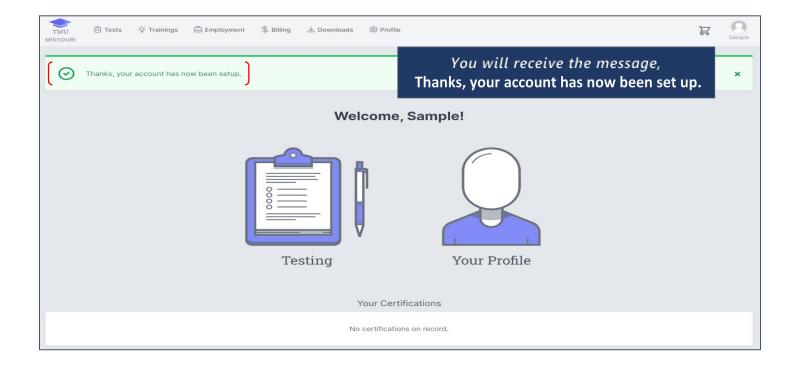
<u>IMPORTANT</u>: Before you can test, you must sign in to your TMU© account using your secure Email or Username and Password and complete the missing demographic information <u>prior to testing</u>. Failure to do so may result in you being turned away from testing. You will be a no-show status for your event and forfeit your testing fees.

 Upon receiving your confirmation email from TMU© (check your junk/spam mail) that your account has been created, you need to sign in to your account, update your password, and complete your demographic information. This must be done <u>before scheduling</u> a test event.

If you do not know your Email or Username and Password, enter your email address and click "Forgot Your Password?" You will be asked to re-enter your email, and a 'reset password link' will be sent to your email (see instructions under 'Forgot your Password and Recover your Account'). If you cannot sign in, contact D&SDT-HEADMASTER at (888)401-0462.

Screen you will see the first time you sign in to your TMU© account with the **demographic information you need to enter to complete your account**:

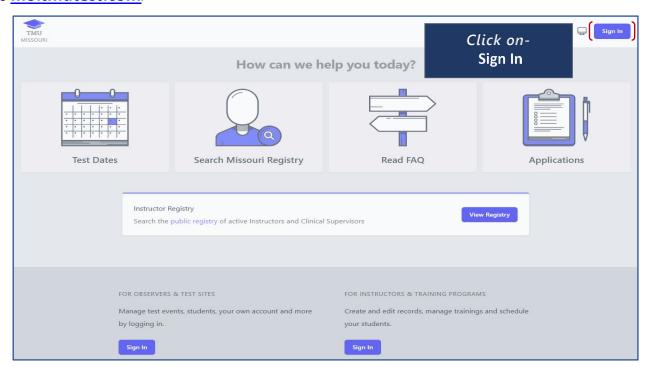


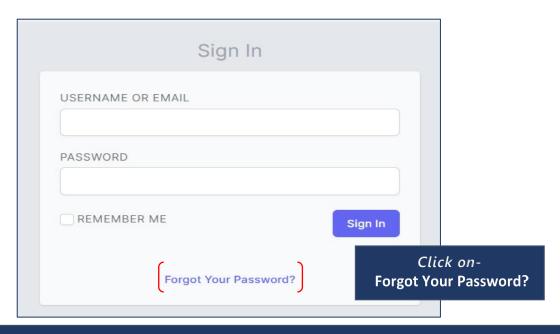


## Forgot Your Password and Recover your Account

If you do not remember your password, follow the instructions with screenshots in this section.

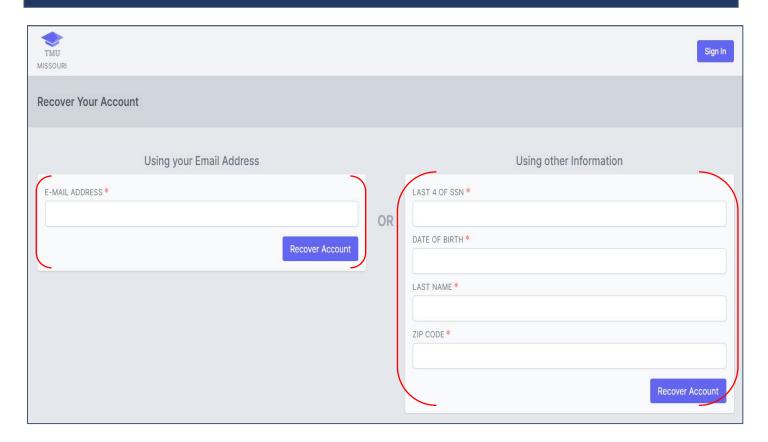
### Go to **mo.tmutest.com**.

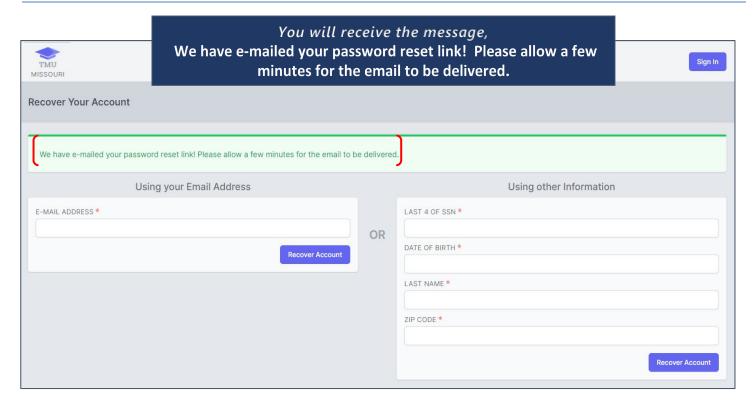




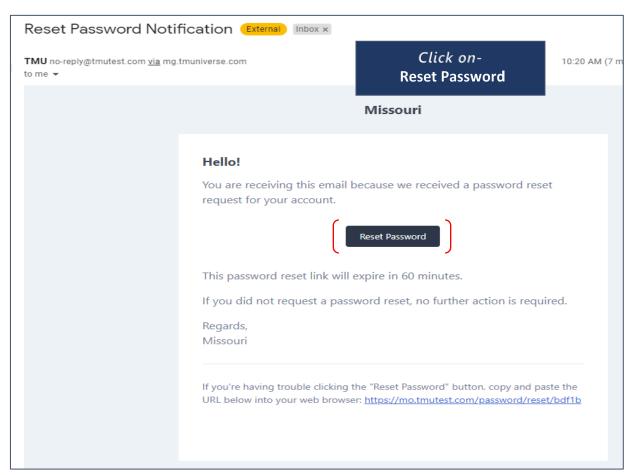
Type in your Email Address - Click on - Recover Account - An email with the reset link will be emailed to you. Click on the reset link in your email to reset your password.

(-OR- You can type in the requested data under Using other Information if you have already updated your demographic information in your account) - Click on - Recover Account

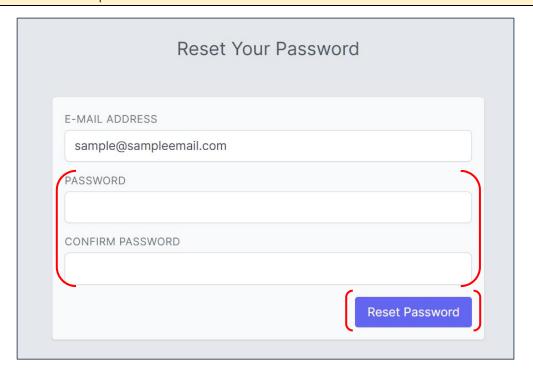




This is what the email will look like (check your junk/spam folder for the email):

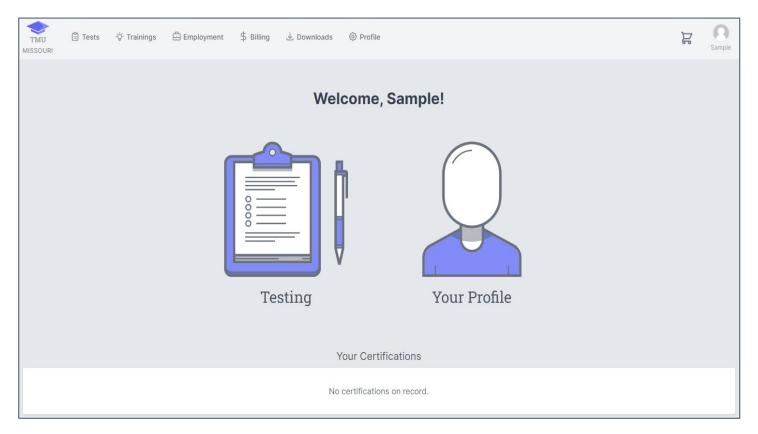


Note: If you do not reset your password right away, the link will expire in 60 minutes, and after that time, you will need to request a new link.



Type in your Password and Confirm Password then click on -**Reset Password** 

This is the home screen you will see once you have reset your password:



## The Missouri Nurse Aide Competency Exam

## **Payment Information**

Exam Description	Price
Knowledge Exam or Retake	\$30
Knowledge Exam- Spanish Version or Retake	\$30
Audio Version of Knowledge Exam or Retake [\$30 + \$10 = \$40] (The knowledge test questions and answers are read through the computer and listened to through headphones/earbuds while you read along.)	\$40
Audio Spanish Version of Knowledge Exam- or Retake Spanish Version [\$30 + \$10 = \$40]	\$40
Skill Test or Retake	\$95

**Note:** If a credit card payment is processed for testing fees payment and then later disputed by the candidate or credit/debit card holder, upon passing both portions of the competency exam, the candidate would not be placed on the Registry until the disputed fee and charges are paid for. If listed on the Registry and then the card charge is disputed, the candidate will be removed from the Registry until the disputed fee and charges are paid for.

#### Schedule a Missouri Nurse Aide Exam

Once you have completed your program and your instructor has entered your training record in the D&SDT-HEADMASTER TestMaster Universe© (TMU©) database and your testing fee has been paid (see instructions under 'Self-Pay of Testing Fees'), you may schedule your exam date online at the Missouri TMU© webpage at <a href="mailto:mo.tmutest.com">mo.tmutest.com</a> using your email and password (see instructions under 'Schedule / Reschedule a Test Event').

**NOTE:** Upon receiving your confirmation email from TMU© (check your junk/spam mail) that your account has been created, you need to sign in to your account, update your password, and complete your demographic information. **This must be done** <u>before scheduling</u> a test event. See instructions under 'Complete your TMU© Account'.

If you cannot sign in with your email, please call D&SDT-HEADMASTER for assistance at (888)401-0462 during regular business hours, 7:00AM to 7:00PM CT, Monday through Friday, excluding holidays.

To schedule or reschedule your test date, sign in to the Missouri TMU© webpage at <u>mo.tmutest.com</u> with your email and password. If you cannot schedule or reschedule online, please call D&SDT-HEADMASTER at (888)401-0462 during regular business hours for assistance.

#### SELF-PAY OF TESTING FEES IN TMU©

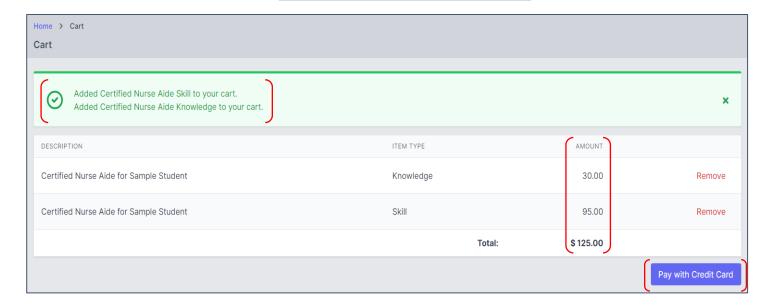
Testing fees must be paid *before* you can schedule a test date. Once your training program has completed your training record with completion hours and date, you will receive an email and text message that you are eligible to schedule a test date. Some training programs pre-pay testing fees for their graduating students. Your program/instructor will inform you if this is the case. Before scheduling a test, verify with your instructor if the training program has already prepaid for your test.

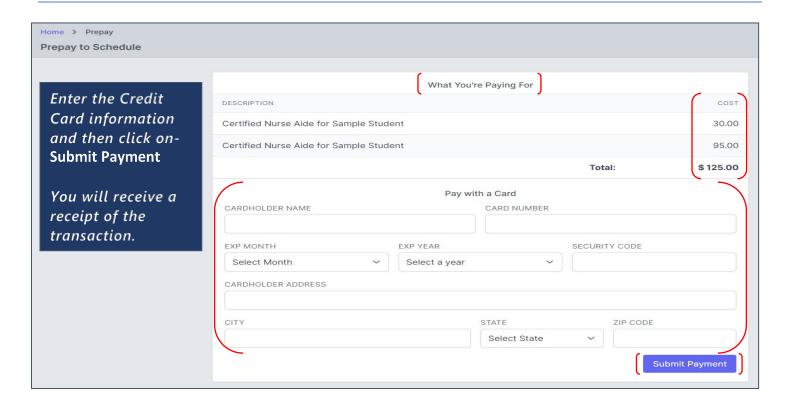
### Securely processed Visa or MasterCard credit/debit card information is required when paying testing fees online.



You will get a message that the Knowledge and Skill tests have been added to your cart and the Knowledge and Skill Amounts

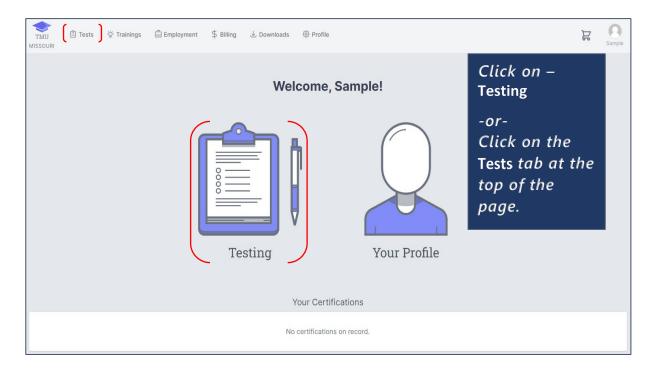
click onPay with Credit Card

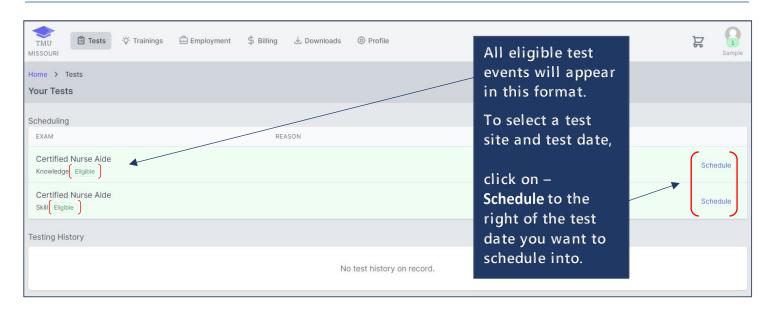




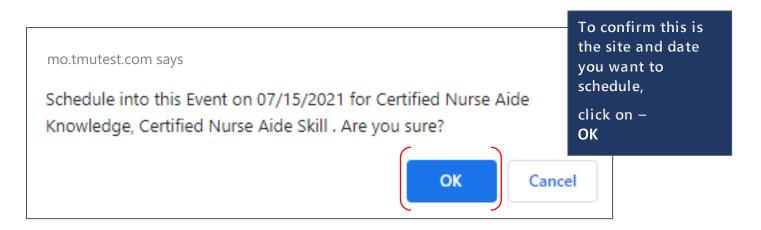
Once your testing fees are paid, you will be eligible to choose a test site and date. Follow the instructions in the next section to schedule/reschedule a test event.

## SCHEDULE / RESCHEDULE A TEST EVENT











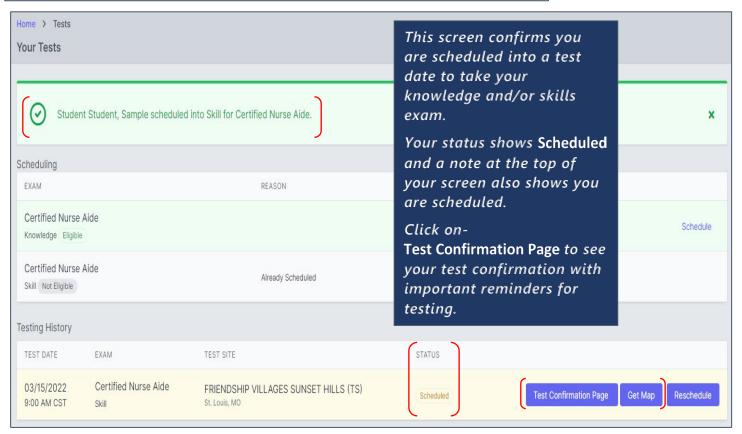
mo.tmutest.com says

Schedule into this Event on 03/15/2022 for Certified Nurse Aide Skill .

Are you sure?

OK Cancel

To confirm this is the site and date you want to schedule a skills only test, click on — OK



Many training programs host and pre-schedule in-facility test dates for their graduating students. Your program/instructor will inform you if this is the case. Prior to scheduling a test, verify with your instructor if the training program has already scheduled and/or prepaid for your test. Regional test seats are open to all candidates. Regional test dates are posted on the Missouri TMU© site at mo.tmutest.com.

If you have any questions regarding your test scheduling, call D&SDT-HEADMASTER at (888)401-0462 during regular business hours, 7:00AM to 7:00PM CT, Monday through Friday, excluding holidays.

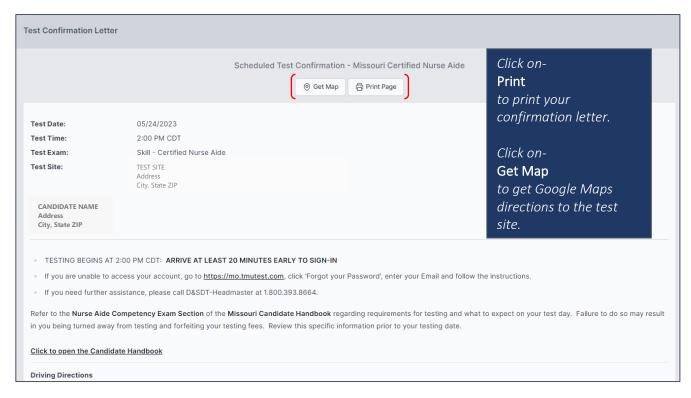
#### **TEST CONFIRMATION LETTER**

Your test confirmation letter will provide you with important information regarding where you are scheduled to test (date, time, and address). It can be accessed at any time.

The body of the test confirmation letter will refer you to read the Missouri candidate handbook, which will give you specific instructions on what time to arrive, ID requirements, dress code, etc.

**Note:** Failure to read the candidate handbook could result in No-Show status for your test event for not adhering to the policies of testing, etc.

### It is important you read this letter!

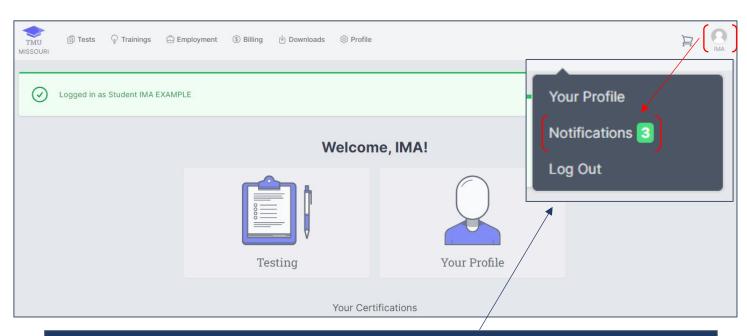


Please see the 'Remotely Proctored Knowledge Exam Option' under the Knowledge/Audio Exam section if you are interested in taking your knowledge exam with a remote proctor from your home, etc.

**Note:** Candidates who self-schedule online, or those scheduled by their training programs, will receive their test confirmation at the time they are scheduled.

## Check/View your TMU© Notifications

Remember to check your 'notifications' in your TMU© account for important notices regarding your selected test events and other information. See the screenshots that follow:



When you have 'notifications' they will show up when you click on your profile pic. The number represents the number of notifications you have to view.

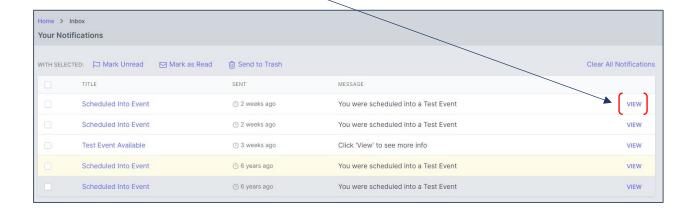
Click on-

Your Profile Pic to open your profile and notifications.

**Notifications** to view all of your notifications.

Click on-

VIEW to open each of your notifications.



#### Notification example:



## **Time Frame for Testing from Training Program Start Date**

You must schedule a test within one year of your training program start date. After one year, you must complete another Missouri DHSS-approved nurse aide training program in order to be eligible to schedule testing. Any individual who fails the final examination, except those who have been permitted to challenge the examination, shall have the opportunity to retake the examination twice within ninety (90) calendar days of the initial examination. If the individual fails the final examination a third time, the entire basic course shall be retaken before another examination can be given.

#### **Exam Check-In**

You must arrive at your confirmed test site 20 to 30 minutes before your exam starts.

- Testing **begins** promptly at the start time noted.
- You need to make sure you are at the event <u>at least 20 minutes prior</u> to the start time to allow time to get checked in with the RN Test Observer.
  - For example, if your test starts at 8:00AM, you need to be at the test site for check-in **no later than** 7:40AM.

**Note:** If you arrive late, you will not be allowed to test.

If you are scheduled for a remotely proctored knowledge exam, please see procedures/policies under 'Remotely Proctored Knowledge Exam Option' in the Knowledge/Audio Exam section.

## **Testing Attire**

The following testing attire requirements will be followed at testing sites:

- You must be in full clinical attire (scrubs).
  - Scrubs and shoes can be any color/design.
- No open-toed shoes are allowed.
- Long hair must be pulled back.



**Note:** You will not be admitted for testing if you are not wearing scrubs attire, appropriate shoes, and long hair pulled back. You will be considered a NO-SHOW status. You will forfeit your testing fees and have to pay for another exam date.

Other testing attire information:

- You may bring a standard watch with a second hand.
- Smartwatches, fitness monitors, or any type of Bluetooth-connected devices are not allowed.

#### Identification

<u>Mandatory</u>: You must bring a **United States (US) government-issued, signed, non-expired photo-bearing form** of identification.

- ◆ A photocopy/picture of your ID *is acceptable* for testing.
- ◆ Secure digital IDs or digital identities are virtual systems (for example, Apple or Google Wallet) that allow identity verification and secure authentication. They can replace physical IDs and <u>will be allowed</u> to do so for identification purposes.

#### Examples of the forms of non-expired, US government-issued, \*signed, acceptable photo IDs are:

- State-issued Driver's License
  - You may use the letter issued from the Department of Motor Vehicles (DMV) that you receive when you apply for or renew your driver's license while waiting to receive your new license.
  - State-issued Identification Card
  - Signed U.S. Passport (Foreign Passports and Passport Cards *are not* acceptable)
    - \* Exception: A signed foreign passport with a US VISA within the passport is acceptable (the VISA does not have a signature)
  - Permanent Resident Card (Green Card or Alien Registration Card) / Employment-Work Authorization Card issued by the U.S. Citizenship and Immigration Services (USCIS)
    - \* Accepted without a signature or fingerprint IF ISSUED from January 30, 2023, to the present day. If issued before January 1, 2023, it may contain a fingerprint instead of a signature.
  - U.S. Military Identification Card
    - \* Accepted without a signature or fingerprint but will have a bar code or may contain a fingerprint in place of a signature
  - Tribal Identification Card (a signed photo ID with an expiration date (not expired) issued by a <u>federally recognized</u> Tribal Nation/Indian Tribe)

**Identification Criteria** = US Government issued, non-expired, \*signed, photo-bearing form of identification. **NOTE:** A photocopy/picture or secure digital form of your ID is acceptable for testing.

The **FIRST** and **LAST** names printed on your mandatory United States (US) government-issued, \*signed, non-expired photo-bearing form of identification presented to the RN Test Observer during check-in at your test event **MUST EXACTLY MATCH** the FIRST and LAST names that were entered in the TMU© database. You may call D&SDT-HEADMASTER at (888)401-0462 during regular business hours, 7:00AM to 7:00PM CT Monday through Friday, excluding holidays, to confirm that your name of record matches your mandatory identification, or sign in to your TMU© account at <u>mo.tmutest.com</u>, using your Email or Username and Password, to check or change your demographic information. See more information under 'Demographic Updates / Changes / Corrections'.

#### Note:

- You will not be admitted for testing if you do not bring proper/valid identification.
  - Be sure your US government-issued identification is not expired and that it is signed. **NOTE:** A photocopy/picture or a secure digital form of your ID is acceptable for testing.
  - You will not be admitted for testing if you do not bring your mandatory identification.

- Check to ensure that the FIRST and LAST printed names on your photo ID match your current name of record in TMU©.
- A driver's license or state-issued ID card that has a hole punched in it is <u>NOT VALID</u> and will not be accepted as an acceptable form of ID.
- In cases where names do not match or your ID(s) are not proper/valid, you will be considered a NO-SHOW status, and you will forfeit your testing fees and have to pay for another exam date.

You will be required to show your ID again (if testing on-site and taking both components together) when you enter the knowledge test room and when you enter the skills lab for your skills exam. Please keep your ID with you during the entire exam event.

## **DEMOGRAPHIC UPDATES / CHANGES / CORRECTIONS**

Registry name changes (marriage/divorce, etc.), date of birth changes, social security number corrections, etc., must be verified with appropriate documentation. Please complete the <a href="DEMOGRAPHIC CHANGE/CORRECTION">DEMOGRAPHIC CHANGE/CORRECTION</a> REQUEST FORM and upload your demographic change/correction documentation. The form is under 'Applications' on the Missouri TMU© main web page (before you log in to your account), or click on this link: <a href="https://mo.tmutest.com/apply/7">https://mo.tmutest.com/apply/7</a>.

## Instructions for the Knowledge, Remotely Proctored Knowledge, and Skill Exams

Test instructions for the knowledge and skills exams will be provided in written format in the waiting area when you check in for your test. If you are taking a remotely proctored knowledge exam, the Remotely Proctored Knowledge Exam Instructions can be found in your TMU© account under the Downloads tab (\*see paragraph below).

These instructions detail the process and what you can expect during your exam. Please read the instructions **before** entering the knowledge exam room or skills lab. The instructions will be left in the waiting area during testing for you to refer to throughout your time at the test site. The RN Test Observer and Knowledge Test Proctor will ask you questions about the instructions you read when you enter the testing rooms.

The **Knowledge, Remotely Proctored Knowledge, and Skill Exam Instructions** are also available under the 'DOWNLOADS' tab in your TMU© account. \*Refer to the 'Access the Candidate Handbook and Testing Instructions' section of this handbook for instructions.

## **Testing Policies**

The following policies are observed at each test site:

- Make sure you have signed in to your TMU© account at mo.tmutest.com well before your test date to
  update your password and complete your demographic information. Refer to this
  handbook's 'Complete Your TMU© Account' section for instructions.
  - If you have not signed in and completed/updated your TMU© account when you arrive for your test, you may not be admitted to the exam, and any exam fees paid will NOT be refunded.
- Plan to be at the test site up to 5 hours, (if taking both components on-site) in the worst-case scenario.
  - Scheduling time frames and the time at the test site may be significantly shorter.

- Testing begins promptly at the start time noted on your confirmation. If you arrive late for your confirmed exam (you need to be at the test site to check in at least 20 to 30 minutes before your scheduled start time if your test start time is 8:00AM, you need to be at the test site by 7:40AM at the latest), you will not be admitted to the exam, and any exam fees paid will NOT be refunded.
  - If you are scheduled into a remotely proctored knowledge exam, please see procedures/policies under 'Remotely Proctored Knowledge Exam Option' in the Knowledge/Audio Exam section.
- If you do not bring a valid and appropriate United States (US) government-issued, \*signed, non-expired photo-bearing form of identification, you will not be admitted to the exam, and any exam fees paid will NOT be refunded.
  - If the **FIRST** and **LAST** names on your United States (US) government-issued, \*signed, non-expired photo-bearing form of identification **do not match** the FIRST and LAST names in your TMU© account, you will not be admitted to the exam and any exam fees paid will NOT be refunded.
- If you do not wear scrubs with appropriate shoes, have long hair pulled back, and conform to all testing policies, you will not be admitted to the exam, and any exam fees paid will NOT be refunded.
- If you do not show up for your exam day, or are considered a NO-SHOW STATUS (see details in this handbook's 'No-Show Status' section) for any reason, any test fees paid will NOT be refunded. You must re-pay your testing fees online in your TMU© account using your Email or Username and Password to schedule another exam date.
- <u>ELECTRONIC DEVICES AND PERSONAL ITEMS</u>: Cell phones, smartwatches, fitness monitors, electronic recording devices, Bluetooth-connected devices, and personal items (such as water bottles, purses, briefcases, large bags, study materials, extra books, or papers) are not permitted to be on or near you in either testing room. The testing team will inform you of the designated area to place your personal items and electronic devices, and you will collect these items when you complete your test(s).
  - All electronic devices must be turned off, including smartwatches, fitness monitors, and Bluetooth-connected devices, which must be removed from your wrist or body.
  - If you are scheduled for a remotely proctored knowledge exam, please see procedures/policies under 'Remotely Proctored Knowledge Exam Option' in the Knowledge/Audio Exam section.
- Anyone caught using any type of electronic recording device during either component of the exam will
  be dismissed from the exam, your test will be scored as a failed attempt, you will forfeit all testing fees,
  and you will be reported to your training program and the Missouri Department of Health and Senior
  Services. You may, however, use personal devices during your free time in the waiting area.
- You are encouraged to bring a jacket, snack, drink, or study material to have while waiting to test.
- TRANSLATION DICTIONARIES: Published foreign word-for-word translation dictionaries are allowed. Dictionaries that have definitions or handwriting/notes in them will not be allowed. You must show your published word-for-word translation dictionary to the test observer/proctor during check-in (on-site or remotely proctored) at your test event. Using language translators that are not pre-approved and electronic dictionaries are not allowed.
- You may not remove any notes or other materials from the testing room.
- You are not permitted to eat, drink, or smoke (e-cigarettes or vape) during the exam.
- You are not allowed to leave the testing room (knowledge test room, on-site or remotely proctored, or skills lab) once the exam has begun *for any reason*. If you do leave during your test event, you will not be allowed back into the testing room to finish your exam.
- If you are discovered cheating, causing a disturbance of any kind, engaging in any kind of misconduct, visibly impaired, or trying to take any notes or testing materials from the testing room, you will be

dismissed from the exam, your test will be scored as a failed attempt, you will forfeit all testing fees, and you will be reported to your training program and the Missouri Department of Health and Senior Services.

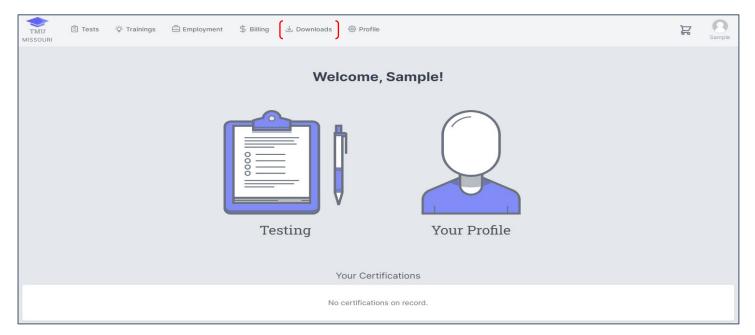
- Test sites, RN Test Observers, Knowledge Test Proctors, and Actors are not responsible for the candidate's personal belongings at the test site.
- No visitors, guests, pets (including companion animals), or children are allowed.
  - Service animals with an approved ADA accommodation in place are allowed.
- You may not test if you are ill (sick). Call D&SDT-HEADMASTER at (888)401-0462 immediately to reschedule (see the <u>note</u> below).
  - You may not test if you have any physical limitation (excluding pre-arranged ADAs) that would prevent you from performing your duties as a nurse aide. (Examples: cast, arm/leg braces, crutches, etc.). Call D&SDT-HEADMASTER at (888)401-0462 immediately to reschedule if you are on doctor's orders (see the <u>note</u> below).

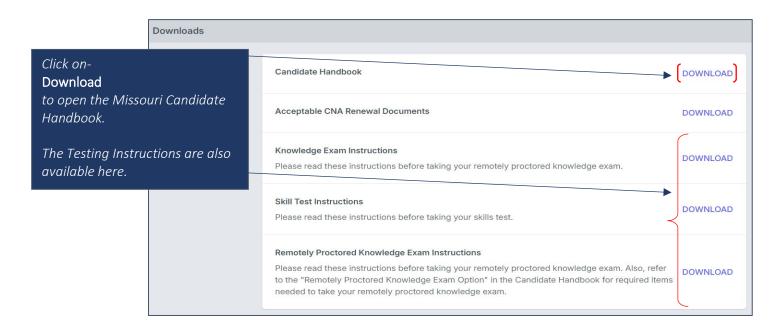
**NOTE**: Please see this handbook's 'Reschedule a Test Event' and 'No-Show Exceptions' sections.

- $\rightarrow$  Reschedules will not be granted less than one (1) full business day before a scheduled test date.
- Please review this Missouri Candidate Handbook before your test day for any testing and/or policy updates.
- The Candidate Handbook can also be accessed within your TMU© account under your 'Downloads' tab.

#### **ACCESS THE CANDIDATE HANDBOOK AND TESTING INSTRUCTIONS**

How to access the Candidate Handbook and Testing Instructions within your TMU© account under your 'Downloads' tab:





## Security

If you are caught cheating, refuse to follow directions, use abusive language, disrupt the examination environment, or are visibly impaired, your test will be stopped and scored as a failed attempt. You will be dismissed from the testing room and will forfeit any testing fees paid and a report of your behavior will be given to your training program and the Missouri DHSS. You will not be allowed to retest for a minimum period of six (6) months.

If you remove or try to remove test material or take notes or information from the test site, you will be reported to your training program and the Missouri DHSS and are subject to prosecution to the full extent of the law. Your test will be scored as a failed attempt and you will forfeit any testing fees paid. You will not be allowed to retest for a minimum period of six (6) months. You must obtain permission from the Missouri DHSS in order to be eligible to test again.

If you give or receive help from anyone during testing (which also includes the use of any electronic recording devices such as cell phones, smart watches, or navigating to other browsers/sites during either component of the exam, etc.), your test will be stopped, you will be dismissed from the testing room, and your test will be scored as a failed attempt. You will forfeit any testing fees paid. You will be reported to your training program and the Missouri Department of Health and Senior Services, and you must obtain permission from DHSS in order to be eligible to test again.

#### Reschedule a Test Event

All candidates may reschedule to a new test date for free at <u>mo.tmutest.com</u> any time up until **one (1) full business day** before a scheduled test day, **excluding** Saturdays, Sundays, and holidays.

If you must reschedule your exam date, please do so as soon as possible. You may reschedule an exam date by signing in to your TMU© account at <a href="mo.tmutest.com">mo.tmutest.com</a>. (See instructions under 'Schedule / Reschedule a Test Event'.)

<u>Example</u>: If you are scheduled to take your exam on a Saturday, Sunday, or Monday, you would need to reschedule by the close of business on the Thursday before your scheduled exam. D&SDT-HEADMASTER is open 7:00AM to 7:00PM CT Monday through Friday, excluding holidays.

The scheduled test date is on a:	Reschedule the previous:
Monday	The previous Thursday
Tuesday	The previous Friday
Wednesday	The previous Monday
Thursday	The previous Tuesday
Friday	The previous Wednesday
Saturday	The previous Thursday
Sunday	The previous Thursday

**Note:** Reschedules will not be granted less than one full business day before a scheduled test date.

## **Refund of Testing Fees Paid**

Requesting a refund of testing fees paid is different than rescheduling a test date. Requesting a refund means that you are not interested in taking the Missouri nurse aide certification test at all.

#### **SCHEDULED IN A TEST EVENT**

- 1) If you are scheduled for a test event, you must request a refund of the testing fees paid by filling out and submitting the <u>Refund Request Fillable Form</u> on D&SDT-HEADMASTER's Missouri webpage at <u>Missouri webpage</u> at least one (1) full business day prior to your scheduled test event (excluding Saturdays, Sundays, and holidays). No phone calls will be accepted.
  - **Example:** If you are scheduled to take your exam on a Saturday, Sunday, or Monday, you would need to request a refund by the close of business on the Thursday before your scheduled exam. D&SDT-HEADMASTER is open until 7:00PM Central time, Monday through Friday, excluding holidays.
- 2) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund processing fee.
- 3) Refund requests must be made within thirty (30) days of payment of original testing fees with D&SDT-HEADMASTER. Any requests for refunds made beyond 30 days of the original payment of testing fees with D&SDT-HEADMASTER will not be issued.

#### **NOT SCHEDULED IN A TEST EVENT**

- 1) Refund requests must be made within thirty (30) days of original payment of testing fees with D&SDT-HEADMASTER. Any requests for refunds made beyond 30 days of the original payment of testing fees with D&SDT-HEADMASTER will not be issued.
- 2) To request a refund for testing fees paid, you must fill out and submit the <u>Refund Request Fillable Form</u> on D&SDT-HEADMASTER's Missouri webpage at <u>Missouri webpage</u>. No phone calls will be accepted.

3) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund processing fee.

## **Unforeseen Circumstances Policy**

If an exam date is canceled due to inclement weather or an unforeseen circumstance, D&SDT-HEADMASTER staff will make every effort to contact you using the contact information (phone number/email) we have on file to reschedule you for no charge to a mutually agreed-upon new test date.

Therefore, you must keep your contact information up to date in case we need to contact you (\*see examples below for reasons we may not be able to contact you that you are responsible for.)

If D&SDT-HEADMASTER is unable to reach you via phone or email with the information in your TMU© account (\*see examples below) due to an unforeseen circumstance for a test event you are scheduled for, you will be removed from the test event, and D&SDT-HEADMASTER will not reschedule you until we hear back from you.

**NOTE:** The \*examples listed below are your responsibility to check and/or keep updated.

- If D&SDT-HEADMASTER leaves you a message or emails you at the phone number or email in your TMU© account and:
  - you do not call us back in a timely manner
  - your phone number is disconnected/ your voice mailbox is full
  - you do not check your messages in a timely manner
  - you do not check your email or reply to our email in a timely manner
  - your email is invalid, or you are unable to access your email for any reason

See more information under 'No-Show Exceptions'.

#### **No-Show Status**

If you are scheduled for your exam and do not show up without notifying D&SDT-HEADMASTER at least one (1) full business day before your scheduled testing event, **excluding** Saturdays, Sundays, and holidays, OR if you are turned away for lack of proper identification, proper attire, or any other reason to deem you ineligible to test, you will be considered a **NO-SHOW status.** You will forfeit all fees paid and must sign in to your TMU© account to repay or submit a new testing fee to schedule yourself into a new test event.

These fees partially offset D&SDT-HEADMASTER cost incurred for services requested and resulting work that is performed. If a reschedule or refund request is not received at least one full business day before a scheduled test event, excluding Saturdays, Sundays, and Holidays (see examples under 'Reschedule a Test Event' and 'Refund of Testing Fees Paid'), a no-show status will exist, and you will forfeit your testing fees and must repay the full testing fee to secure a new test event.

#### **No-Show Exceptions**

Exceptions to the no-show status exist; if you are a no-show status for any test component for any of the following reasons, a free reschedule will be authorized to the remitter of record, providing the required documentation is received within the appropriate time frames outlined below:

- Car breakdown or accident: D&SDT-HEADMASTER must be contacted via phone call, fax, or email within one business day. A tow bill, police report, or other appropriate documentation showing your name and the provider of the service name must be submitted within three (3) business days of the exam date. If we do not receive proof within the 3-business day time frame, you will have to pay as though you were a no-show.
- Weather or road condition-related issue: D&SDT-HEADMASTER must be contacted via phone call, fax, or email within one business day. A road report, weather report, or other appropriate documentation must be submitted within three (3) business days of the exam date. If we do not receive proof within the 3-business day time frame, you will have to pay as though you were a no-show.
- Medical emergency or illness: D&SDT-HEADMASTER must be contacted via phone, fax, or email within one business day. A doctor's note showing your name and the provider of the service name, or on the provider's letterhead, must be submitted within three (3) business days of the missed exam date. If we do not receive proof within the 3-business-day time frame, you will have to pay as though you were a no-show.
- Death in the family: D&SDT-HEADMASTER must be contacted via phone call, fax, or email within one business day. An immediate family obituary or letter on your behalf from the funeral home showing your name must only be submitted within seven (7) business days from a missed exam date. If we do not receive proof within the 7-business day time frame, you will have to pay as though you were a noshow. (The immediate family includes the parent, grand and great-grandparent, sibling, children, spouse, or significant other.)
- Remotely proctored testing issues: D&SDT-HEADMASTER must be contacted via phone, fax, or email within one business day. Appropriate documentation showing your name and the provider of the service name must be submitted within three (3) business days of the exam date. If we do not receive proof within the 3-business-day time frame, you will have to pay as though you were a no-show.
  - **Internet outage or issue:** Documentation showing your name and the provider of the service name from the Internet provider showing outage date and times.
  - **Computer or cell phone issue:** If the computer or cell phone fails to work, documentation from a computer repair technician/shop or other appropriate documentation showing your name and the provider of the service name is required.

## Candidate Feedback – Exit Survey

Candidates can complete an exit survey via a link when checking their test results in their TMU© account. The survey is confidential and will not affect the outcome of any test. You are encouraged to complete the survey questions with honest feedback regarding the examination process to help improve the testing process.

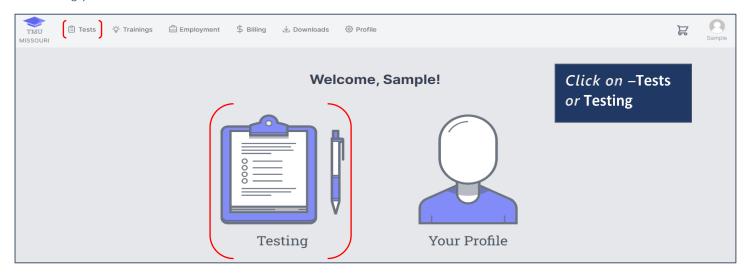
#### **Test Results**

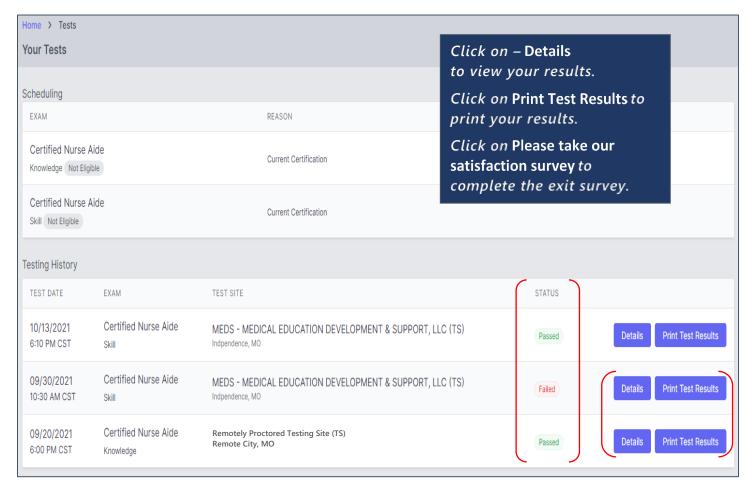
After you have completed both the knowledge exam and skill test components of the competency exam, your test results will be officially scored and double-checked by D&SDT-HEADMASTER scoring teams. Official test results will be available by signing in to your TMU© account after 7:00PM CT the business day after your test event.

**Note:** D&SDT-HEADMASTER does not send postal mail test results letters.

Sign in to your TMU© account at mo.tmutest.com to view your test results. (Refer to the screenshots that follow.)

Accessing your test results in TMU©:

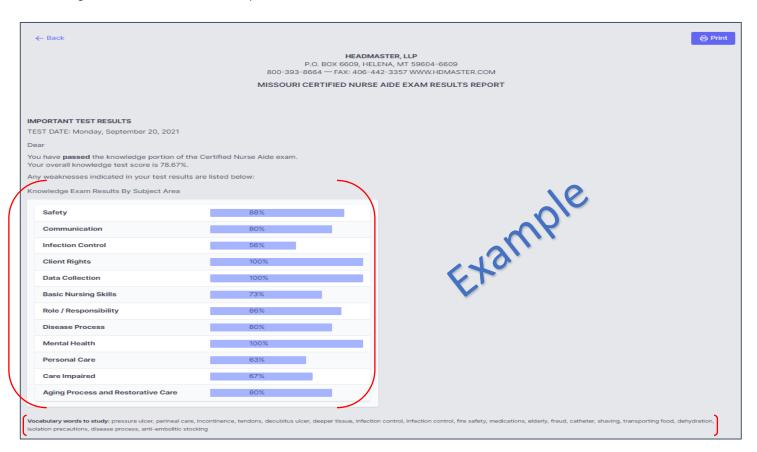




#### Skill Exam Test Results Example:



## Knowledge Exam Test Results Example:



## **Test Attempts**

You have 3 attempts to pass the knowledge and skill test portions of the exam. Any individual who fails the final examination, except those who have been permitted to challenge the examination, shall have the opportunity to retake the examination twice within ninety (90) calendar days of the initial examination. If the individual fails the final examination a third time, the entire basic course shall be retaken before another examination can be given.

## **Retaking the Nurse Aide Exam**

In the event that you fail the knowledge and/or skill portion of the examination, when you want to apply for a retest, you will need to repay for the portion that you failed before you can schedule a new exam date.

You can schedule a test or re-test online by signing in to your TMU© account at <u>mo.tmutest.com</u>. (See instructions with screenshots under 'Schedule / Reschedule a Test Event'.)

You will need to pay with a Visa or Master Card before you can schedule.

If you need assistance scheduling your re-test, please call D&SDT-HEADMASTER at (888)401-0462 during regular business hours, 7:00AM to 7:00PM CT, Monday through Friday, excluding holidays. We can assist you in scheduling a test or re-test date as long as your fees have been paid first.

## **Test Review Requests**

You may request a review of your test results or dispute any other testing condition.

\*PLEASE READ BEFORE FILLING OUT THE TEST REVIEW REQUEST: Please call D&SDT-HEADMASTER at (888)401-0462 during regular business hours, Monday through Friday, 7:00AM to 7:00PM CT, excluding holidays, and discuss the test outcome you are questioning before committing to sending the \$25 test review request deposit fee. Once you have further details about the scoring of your test, you will often understand the scoring process and learn how to better prepare yourself for subsequent exam attempts. If, after discussion with D&SDT-HEADMASTER staff, you still have a concern with your testing process that affected the outcome of your exam, you may submit a Test Review Request.

There is a \$25 non-refundable test review deposit fee. To request a review, complete the <u>Test Review Request</u> and <u>Payment Application</u>, available on the Missouri TMU© main page under 'APPLICATIONS' (before you log in to your account) at <u>mo.tmutest.com</u>. Test Review Requests must be received within three (3) business days from the official scoring of your test (excluding Saturdays, Sundays, and holidays). Late requests will be denied and will not be considered.

Since one qualification for certification as a nurse aide in Missouri is demonstrated by examination of minimum nurse aide knowledge and skills, the likely outcome of your review will determine who pays for any re-tests granted. The purpose of this review process is to ensure fairness and accuracy in the evaluation of your test. If, after investigation, the review finding is in your favor, you will be refunded the \$25 test review deposit. If the finding of the review is *not in your favor*, the \$25 test review deposit will stand, and the fee is non-refundable.

D&SDT-HEADMASTER will review your detailed recollection, your knowledge test markings, and any skill task measurements you recorded at the time of your test, in addition to reviewing markings, notations, and measurements recorded by the RN Test Observer at the time of your test. We will interview the RN Test Observer, Actor, or Knowledge Test Proctor about the facts detailed in your dispute documentation. D&SDT-HEADMASTER will re-check the scoring of your test and may contact you and/or the RN Test Observer, Actor and/or Knowledge Test Proctor, and other candidates who were on-site at your test event for any additional information about the test event.

D&SDT-HEADMASTER cannot review test results or reviews with the candidate's instructor/training program. After a candidate reaches the age of 18, D&SDT-HEADMASTER will only discuss test results or test reviews with the candidate. D&SDT-HEADMASTER will not review test results or reviews with family members or anyone else on behalf of the candidate once the candidate is 18.

D&SDT-HEADMASTER will complete your review request within ten (10) business days of receiving it in a timely manner. D&SDT-HEADMASTER will email the review results to your email address and the Missouri DHSS.

## The Knowledge/Audio/Spanish Exam

## **Knowledge Exam Content**

The Knowledge Exam consists of 75 multiple-choice questions. Questions are selected from subject areas based on the DHSS-approved Missouri test plan and include questions from all the required categories as defined in federal regulations. The subject areas are as follows.

#### **SUBJECT AREAS**

Subject Area	Number of Questions	SUBJECT AREA	Number of Questions
Aging Process and Restorative Care	5	Infection Control	8
Basic Nursing Skills	8	Mental Health	6
Care Impaired	5	Personal Care	8
Communication	6	Resident Rights	5
Data Collection	4	Role and Responsibility	5
Disease Process	6	Safety	9

## **Knowledge Exam Information**

If taking both the knowledge and skill tests on the same day, you will be required to re-present your ID when entering the knowledge test room and the skills lab. Please keep your ID with you during the entire exam day.

The Knowledge Test Proctor will hand out materials and give instructions for taking the Knowledge Exam. You will have a maximum of **60 minutes** (one hour) to complete the **75-question** Knowledge Exam. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the Knowledge Exam (such as "What does this question mean?").

## You must have a score of 80% or better to pass the knowledge portion of the exam.

All test sites in Missouri utilize electronic TMU© testing using Internet-connected computers. The knowledge test portion of your exam will be displayed on a computer screen for you to read and key/tap or click on your answers.

Note: You will need your TMU© Email or Username and Password to sign in to your knowledge exam. Please see the information under 'Complete Your TMU© Account' to sign in to your TMU© account.

◆ The Knowledge Test Proctor will provide you with a code at the test event to start your exam.

If needed, you may do math calculations on the scratch paper provided by the KTP. If you need a calculator, please quietly alert the Knowledge Test Proctor; one will be provided.

• Any scratch paper and/or provided calculator must be left with the KTP when done testing.

Published foreign word-for-word translation dictionaries are allowed.

- You must show your published word-for-word translation dictionary to the test observer/proctor during check-in (on-site or remotely proctored) at your test event.
  - Dictionaries that have definitions or handwriting/notes in them will not be allowed.
  - Using language translators that are not pre-approved and electronic dictionaries are not allowed.

All test materials, including scratch paper and calculator, must be left in the testing room. Anyone who takes or tries to take materials, notes, or information from the testing room is subject to prosecution and will be reported to their training program and the Missouri DHSS.

## **Knowledge Exam Audio Version**

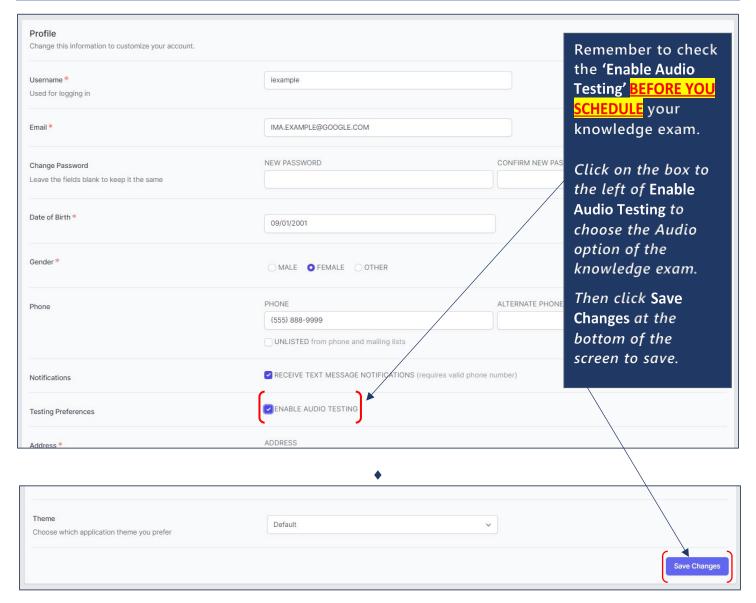
An audio (oral) version of the knowledge exam is available. However, you must request an Audio version of the knowledge exam <u>before</u> you submit your testing fee payment. There is an additional \$10 charge for an Audio version of the knowledge exam (the total for a Knowledge AUDIO version is \$40).

#### SELECTING AN AUDIO VERSION OF THE KNOWLEDGE EXAM

To select the Audio version of the knowledge exam, follow the instructions with screenshots that follow.

Under your PROFILE, check the **'Enable Audio Testing'** to receive an Audio version of the Knowledge Exam:





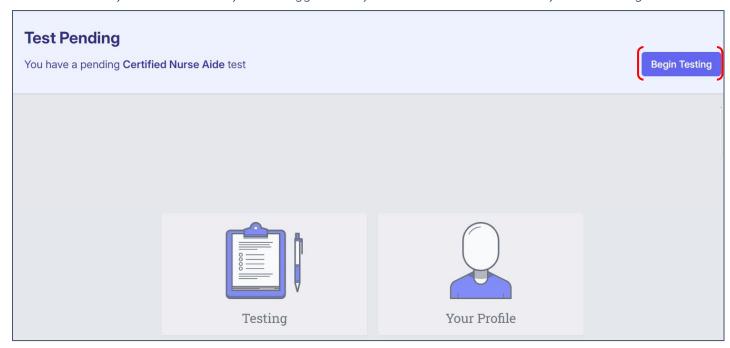
The questions are read to you neutrally and can be heard through wired headphones or earbuds plugged into the computer. Bluetooth-connected devices are not allowed. When taking an electronic Audio exam, the audio control buttons will be displayed on the computer screen, enabling you to play, rewind, or pause questions as needed.

<u>NOTE</u>: On the Audio version of the Knowledge Exam, only the first 67 questions will be read orally, the remaining 8 questions will have to be answered without audio assistance to assess English reading comprehension.

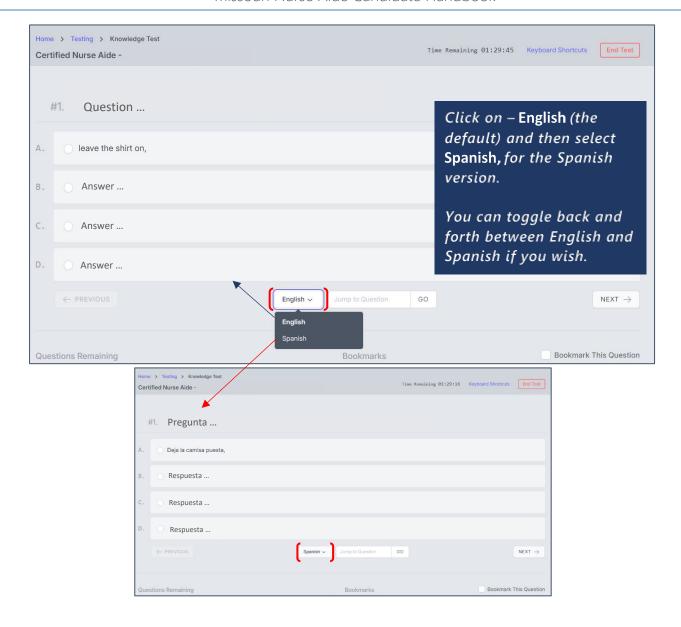
## **Knowledge Exam Spanish Version**

The Knowledge/Audio Exam is available in Spanish. When you are signed in to your Knowledge Exam at a test event or your remotely proctored Knowledge Exam, you will have the option to toggle your exam from English to Spanish.

This is the screen you will see when you are logged in to your TMU© account to start your knowledge exam:



-Continued on the next page-



# Remotely Proctored Knowledge Exam Option

You can take the knowledge exam with a remote proctor from your home, etc.

#### REMOTELY PROCTORED KNOWLEDGE EXAM CANDIDATE REQUIREMENTS

#### Candidates must have:

- An updated version of Google Chrome as your Internet browser.
  - TMU© does not support Internet Explorer.
- A reliable Internet (Wi-Fi) connection.
- A personal computer/tablet/laptop to log into TMU© to access the knowledge exam.
- Your Email or Username and Password to take the remotely proctored TMU© Knowledge exam. The remote Proctor will provide you with a 'code' to start your test.

- A smartphone to access the 'video conferencing app' (for example, Zoom, etc.) that you **must download**.
  - An email will be emailed to you and in your notifications (in your TMU© account) with information about the 'video conferencing app' (for example, Zoom, etc.) you will need to download before test day.
  - The night before your scheduled remotely proctored knowledge exam, you will be emailed, along with a notification (in your TMU© account), a reminder with the password-protected link to join the test event.
- During your test, your smartphone must be positioned so that the remote Proctor can clearly see you, your keyboard, mouse (if used), and the entire screen of your computer/tablet/laptop.
- **IMPORTANT NOTE:** On testing day, you will not be allowed to receive any assistance with your setup from anyone in your environment (room/area).
- You must be alone (by yourself during the entire time while testing) in a quiet, isolated, secured room/area free of distractions, interruptions, and any other people, children, or pets.
- Along with showing the remote Proctor your surroundings/entire room during check-in, the remote Proctor may also ask you to show your room/entire surroundings at any time during your test.
- If you have selected the Audio version of the knowledge exam, you will provide your own <u>wired</u> headphones/earbuds (Bluetooth-connected devices are not allowed) to plug into the computer.
  - The questions are neutrally read to you and will be heard through wired headphones or earbuds plugged into the computer.
  - When taking an Audio exam, the audio control buttons will be displayed on the computer screen, enabling you to play, rewind, or pause questions as needed.
- Failure to adhere to any of these remote testing conditions will require the remote Proctor to stop your test, which will be scored as a failed attempt.

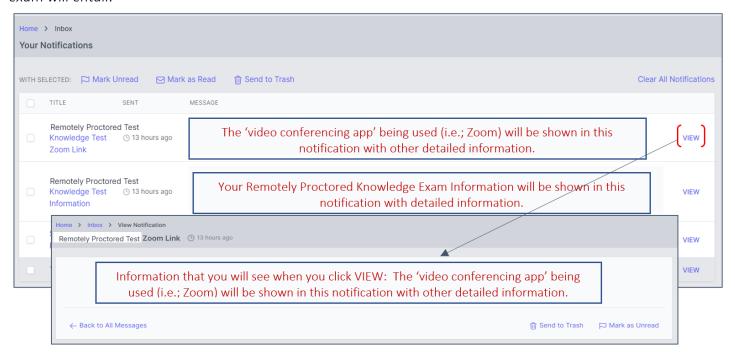
#### SCHEDULE A REMOTELY PROCTORED KNOWLEDGE EXAM

You will need to sign in to your TMU© account using your Username or Email and Password and follow the instructions to 'Schedule / Reschedule a Test Event'. Please ensure you have met the 'Remotely Proctored Knowledge Exam Candidate Requirements' listed above before scheduling a remotely proctored knowledge exam.

- The test site location for a remotely proctored knowledge exam will be 'Remotely Proctored Knowledge Exam Test Site'.
- Once scheduled, a test confirmation will be sent via email and/or text. A notification will be generated in your TMU© account for you to view (see the 'Test Confirmation Letter', and the 'Check/View your TMU© Notifications' section for information to access your test confirmation.)
- Instructions and the link to download the 'video conferencing app' (for example, Zoom, etc.), including the meeting ID and Password for the remotely proctored knowledge event you are scheduled for, will be emailed to you and in your notifications.
  - Remember to also check your **'NOTIFICATIONS'** under your profile pic in your TMU© account for this information. Please refer to the **'Check/View your TMU© Notifications'** section.

Please call D&SDT-HEADMASTER at (888)401-0462 if you have any questions or concerns or need assistance scheduling a remotely proctored knowledge exam.

See screenshots below showing examples of what a notification regarding your remotely proctored knowledge exam will entail:



#### REMOTELY PROCTORED KNOWLEDGE EXAM INSTRUCTIONS

It is important that you read the Remotely Proctored Knowledge Exam Instructions before signing in to your remotely proctored knowledge exam. Please see the instructions for the Remotely Proctored Knowledge Exam under 'Access the Candidate Handbook and Testing Instructions'.

#### REMOTELY PROCTORED KNOWLEDGE EXAM CHECK-IN

You must be signed in to the remotely proctored exam link (for example, Zoom, etc., waiting room) for the check-in process with the remote test proctor at least 10 minutes before the start time listed on your test confirmation. If you are not signed into the remotely proctored exam waiting room prior (at least 10 minutes) to the time listed on your test confirmation, you will not be allowed to test, considered a No Show, forfeit your testing fees paid, and have to pay for another test date.

- You must show your mandatory form of identification to the remote Proctor at check-in before starting your remotely proctored knowledge exam. Please see the 'Identification' section for specifics.
- You must be alone (by yourself during the entire time while testing) in a quiet, isolated, secured room/area free of distractions, interruptions, and any other people, children, or pets.
- You must show your surroundings/entire room to the remote Proctor during check-in before starting your remotely proctored knowledge exam.
  - Along with showing the remote Proctor your surroundings/entire room during check-in, the remote Proctor may also ask you to show your room/entire surroundings at any time during your test.
- Then, you must position your smartphone so the remote Proctor can clearly see you, your keyboard, mouse (if used), and the entire screen of your computer/tablet/laptop.
  - You may not use a video filter such as a background or blurring your screen.

- **NOTE:** On testing day, you <u>will not be allowed to receive any assistance with your setup</u> from anyone in your environment (room/area).
- Failure to adhere to any of these remote testing conditions will require the remote Proctor to stop your test, which will be scored as a failed attempt.

#### REMOTELY PROCTORED KNOWLEDGE EXAM POLICIES

During the remotely proctored knowledge exam, all 'Testing Policies' and 'Security' measures are followed. Please refer to those sections for information.

- On testing day, you will not be allowed to receive any assistance with your setup from anyone in your environment (room/area). If someone else is in the room with you, the remote Proctor will remove you from the meeting, and you will be considered a no-show status. You will forfeit any testing fees paid and must repay to schedule a new test.
- You must be alone (by yourself during the entire time while testing) in a quiet, isolated, secured room/area free of distractions, interruptions, and any other people, children, or pets.
- Along with showing the remote Proctor your surroundings/entire room during check-in, the remote Proctor may also ask you to show your room/entire surroundings at any time during your test.
- During your test, your smartphone must be positioned so that the remote Proctor can clearly see you, your keyboard, mouse (if used), and the entire screen of your computer/tablet/laptop.
  - You may not use a video filter such as a background or blurring your screen.
- The 'video conferencing app' (for example, Zoom, etc.) link must be maintained during the entire knowledge exam.
  - If the 'video conferencing app' (for example, Zoom, etc.) connection is lost, you must immediately reconnect, or you will be disconnected from the test event by the remote Proctor, and your test will be scored as a failed attempt.
- Your device must <u>not be muted</u> during testing so that the remote Proctor can hear if there are any distractions or other interruptions during your test. **REMEMBER:** You need to test in an isolated, secured/room area that is distraction and interruption-free, just like you would if you were sitting in the knowledge test room at a test site.
- If the remote Proctor has any inclination that you are cheating or not following instructions, your test will be ended and scored as a failed attempt.
- Please see the information on remotely proctored testing issues under the 'No-Show Exceptions' section.
- If needed, you may do math calculations on scratch paper or with a basic calculator. Before starting your exam, you will be asked to show both sides of the scratch paper and the basic calculator to the remote Proctor.
  - At the end of your exam, you will be asked to show both sides of the scratch paper and the calculator to the remote Proctor *again*. You will then be told you must tear up the scratch paper in view of the remote Proctor and to mute your phone before tearing up the scratch paper.

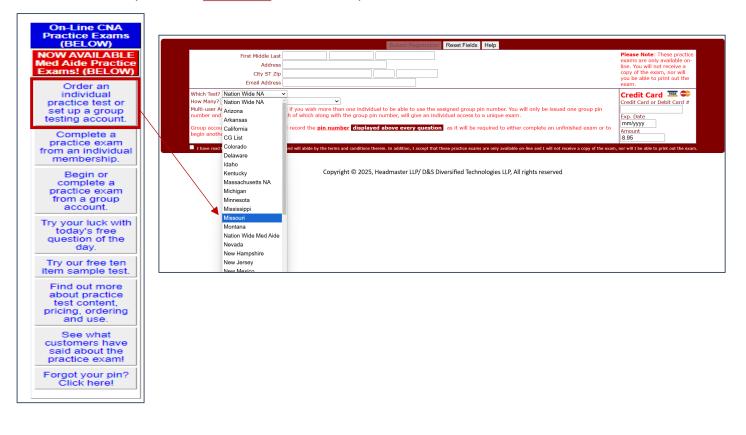
- Published foreign language word-for-word translation dictionaries are allowed.
  - You will need to show the remote Proctor the dictionary during check-in.
  - Electronic, non-approved language translators or dictionaries that contain writing or definitions are not allowed.
- If you have requested an AUDIO version of the Knowledge Exam, you will need to have wired headphones/earbuds (Bluetooth-connected devices are not allowed) that plug into the computer.

Failure to adhere to any of these remote testing conditions/policies will require the remote Proctor to stop your test, which will be scored as a failed attempt.

## **Knowledge Practice Test**

D&SDT-HEADMASTER offers a free knowledge test question of the day and a ten-question online static practice test available on our website at www.hdmaster.com. Candidates may purchase complete practice tests randomly generated based on the state test plan. A mastery learning method is used, and each practice test will be unique. This means candidates must get the question they are attempting correct before they move on to the next question. A first-attempt percentage score and vocabulary feedback are supplied upon completion of the practice test. A list of vocabulary words to study is provided at the end of each test. Single or group purchase plans are available.

**NOTE:** Make sure you select **MISSOURI** from the drop-down list.



The following is a sample of the kinds of questions that you will find on the Knowledge/Audio exam.

#### 1. Clean linens that touch the floor should be:

- (A) Picked up guickly and placed back on the clean linen cart
- (B) Used immediately on the next resident's bed
- (C) Considered dirty and placed in the soiled linen hamper
- (D) Used only in the room with the floor the linen fell on

## When you are communicating with residents, you need to remember to:

- (A) Face the resident and make eye contact
- (B) Speak rapidly and loudly
- (C) Look away when they make direct eye contact
- (D) Finish all their sentences for them

#### 3. A resident's psychological needs:

- (A) Should be given minor consideration
- (B) Make the resident withdrawn and secretive
- (C) Are nurtured by doing everything for the resident
- (D) Are nurtured when residents are treated like individuals

ANSWERS: 1-C | 2-A | 3-D

## The Manual Demonstration Skill Test

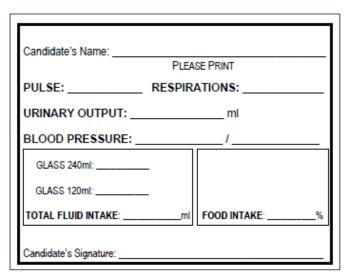
- The purpose of the Skill Test is to evaluate your performance when demonstrating Missouri DHSS-approved nurse aide skill tasks. You will find a complete list of skill tasks in this handbook.
- You will be asked to re-present your photo ID previously shown to the RN Test Observer at check-in.
- Be sure you understand all instructions you read while in the waiting area before you begin your skill task demonstrations. You may not ask questions once the Skill Test begins and the timer starts. Once the Skill Test begins, the RN Test Observer may not answer questions.
- Each of your randomly selected 3 or 4 tasks will have scenarios associated with them. The scenarios will be read to you by the RN Test Observer immediately before you are asked to do each task.
- You will be allowed **thirty (30) minutes** to complete your three or four tasks. After 15 minutes have elapsed, you will be alerted that 15 minutes remain.
- Listen carefully to all instructions given by the RN Test Observer. You may request to have any of the scenarios repeated at any time during your Skill Test up until you run out of time or tell the RN Test Observer that you are finished with your skill task demonstrations.
- You must successfully complete 100% of the tasks you are assigned. You may not miss any key steps (the **bolded** steps) and must achieve 80% or higher on the non-key steps on each task to pass the Skill Test.
- If you believe you made a mistake while performing a task, tell the RN Test Observer you would like to
  make a correction. You will need to correctly demonstrate the step or steps on the task you believe you
  performed incorrectly in order to receive credit for the correction.

- You may repeat or correct any step or steps on any task you believe you have performed incorrectly at
  any time during your allotted 30 minutes or until you tell the RN Test Observer you are finished with the
  Skill Test.
- The skill task steps are not order dependent unless the words BEFORE or AFTER are used in a step.
- When you finish each task, verbally tell the RN Test Observer you are finished and move to the designated "relaxation area." When the RN Test Observer and actor have set up and are ready for your next skill task demonstration, the RN Test Observer will read the scenario for your next task.
- All steps must actually be demonstrated. Steps that are only verbalized WILL NOT COUNT.

## **Skill Exam Recording Form**

If your skill test includes a skill task that requires recording a count or measurement, the RN test observer will provide a recording form similar to the one displayed. You are required to sign the recording form during the demonstration of the equipment/supplies.

#### RECORDING FORM:



#### Skill Exam Tasks

You will be assigned one of the following mandatory tasks as your first task:

- Catheter Care for a Female Resident with Hand Washing (DEMONSTRATED ON A MANIKIN)
- Donn PPE [Put On] (Gown and Gloves), Empty a Urinary Drainage Bag, Measure and Record Urine Output, Doff [Remove] PPE, with Hand Washing
- Perineal Care for a Female Resident with Hand Washing (DEMONSTRATED ON A MANIKIN)
- Perineal Care for a Male Resident with Hand Washing (DEMONSTRATED ON A MANIKIN)

**Note:** Hand washing with soap and water is embedded in each of the mandatory tasks and must be demonstrated at the end of each mandatory task.

You will also receive an additional two or three randomly selected tasks from the Skill Task listing below. These selected tasks will make up your personalized and unique skill test. Each skill test randomly assigned by the TMU© skill test assignment algorithm will be comparable in overall difficulty.

## **Skill Tasks Listing**

To receive credit, you must actually perform and demonstrate every step during your skill test demonstration.

The steps listed for each task are required for a nurse aide candidate to successfully demonstrate minimum proficiency in the skill task for the RN Test Observer. The steps will be performed on a live resident actor for all but three tasks; the catheter care and the perineal care for a female resident and perineal care for a male resident will be done on a manikin. You will be scored only on the steps listed.

If you fail the Skill Test, one of the tasks on your retest will be a task you previously failed. There will always be one of the four mandatory tasks to start each Skill Test. The other tasks included on your Skill Test are randomly chosen so that every Skill Test is comparable in difficulty and an average length of time to complete. The RN Test Observer will observe your demonstrations of your skill task steps and record what they see you do. D&SDT-HEADMASTER scoring teams will officially score and double-check your test.

**Note:** The skill task steps included in this handbook are offered as guidelines to help prepare candidates for the Missouri nurse aide skill test, and the steps included herein are not intended to be used to provide complete care that would be all-inclusive of best care practiced in an actual work setting.

# ABBREVIATED BED BATH- WHOLE FACE AND ONE ARM, HAND AND UNDERARM

- 1) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 2) Explain the procedure to the resident.
- 3) Provide privacy; pull the privacy curtain.
- 4) Fill a basin with warm water.
- 5) Raise bed height.
- 6) Cover the resident with a bath blanket.
- 7) Fan fold bed linens at least down to the waist or move linens to the opposite side.
- 8) Put on gloves.
- 9) Remove the resident's gown without exposing the resident.
- 10) Place the soiled gown in the designated laundry hamper.
- 11) Wash face WITHOUT SOAP.
- 12) Pat dry face.
- 13) Place a towel under the resident's arm; only expose one arm.
- 14) Wash arm, hand and underarm using soap and water.
- 15) Rinse arm, hand, and underarm.
- 16) Pat dry arm, hand, and underarm.
- 17) Assist the resident in putting on a clean gown.
- 18) Empty, rinse, dry, and return equipment to storage.

- 19) Place the soiled linen in a designated laundry hamper.
- 20) Remove gloves, turning them inside out as they are removed, and dispose of gloves in the designated container.
- 21) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 22) Lower bed.
- 23) Place the call light or signaling device within easy reach of the resident.
- 24) Maintain respectful, courteous interpersonal interactions at all times.

## AMBULATION FROM BED TO WHEELCHAIR USING A GAIT BELT

- 1) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 2) Explain the procedure to the resident.
- 3) Obtain a gait belt for the resident.
- 4) Lock bed brakes to ensure resident's safety.
- 5) Lock wheelchair brakes to ensure resident's safety.
- 6) Adjust bed height to ensure the resident's feet will be flat on the floor.
- 7) Bring the resident to a sitting position with the resident's feet flat on the floor.
- 8) Properly place a gait belt around the resident's waist to stabilize the trunk.
- 9) Tighten gait belt. Check the gait belt for tightness by slipping fingers between the gait belt and the resident.
- 10) Assist resident in putting on non-skid footwear BEFORE standing.
- 11) Bring the resident to a standing position using proper body mechanics at all times.
- 12) Grasp gait belt.
- 13) Stabilize resident.
- 14) Ambulate the resident at least 10 steps to the wheelchair.
- 15) Assist the resident in pivoting/turning and sitting in a wheelchair.
- 16) Sit the resident in the wheelchair in a controlled manner that ensures safety at all times.
- 17) Remove gait belt.
- 18) Place resident within easy reach of the call light or signaling device.
- 19) Maintain respectful, courteous interpersonal interactions at all times.
- 20) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.

#### AMBULATION FROM WHEELCHAIR TO BED USING A GAIT BELT

- 1) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 2) Explain the procedure to the resident.
- 3) Obtain a gait belt for the resident.
- 4) Lock bed brakes to ensure resident's safety.

#### 5) Lock wheelchair brakes to ensure resident's safety.

- 6) Adjust bed height to ensure the resident's feet will be flat on the floor.
- 7) Properly place a gait belt around the resident's waist to stabilize the trunk.
- 8) Tighten the gait belt. Check the gait belt for tightness by slipping fingers between it and the resident.
- 9) Ensure the resident's feet are flat on the floor.
- 10) Ask the resident to place hands on wheelchair armrests.
- 11) Grasp the gait belt with both hands.
- 12) Bring the resident to a standing position using proper body mechanics at all times.
- 13) Continue grasping the gait belt.
- 14) Stabilize resident.
- 15) Ambulate the resident at least 10 steps to the bed.
- 16) Assist resident in pivoting/turning and sitting on the bed.
- 17) Sit the resident on the bed in a controlled manner that ensures safety at all times.
- 18) Remove gait belt.
- 19) Remove the resident's non-skid footwear.
- 20) Assist the resident in lying down in the center of the bed, making sure the resident is comfortable and in good body alignment.
- 21) Lower bed.
- 22) Place the call light or signaling device within easy reach of the resident.
- 23) Maintain respectful, courteous interpersonal interactions at all times.
- 24) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.

## CATHETER CARE FOR A FEMALE RESIDENT WITH HAND WASHING

(One of the possible mandatory first tasks) [DEMONSTRATED ON A MANIKIN]

- 1) Knock on door.
- 2) Introduce yourself to the resident.
- 3) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 4) Explain the procedure to the resident.
- 5) Provide privacy; pull the privacy curtain.
- 6) Fill a basin with warm water.
- 7) Raise the bed height.
- 8) Put on gloves.
- 9) Avoid overexposure throughout the procedure.
- **10)** Check to see that urine can flow, unrestricted, into the drainage bag (it is helpful to verbalize checking while looking for kinks in tubing, etc.).
- 11) Use soap and water to carefully wash around the catheter where it exits the urethra.
- 12) Hold the catheter where it exits the urethra with one hand.
- 13) While holding the catheter where it exits the urethra, clean 3-4 inches down the catheter tube.
- 14) Clean with strokes only away from the urethra. (At least two strokes.)
- 15) Use a clean portion of the washcloth for each stroke.
- 16) Rinse using strokes only away from the urethra.

- 17) Rinse using a clean portion of the washcloth for each stroke.
- 18) Pat dry.
- 19) Do not allow the tube to be pulled at any time during the procedure.
- 20) Remove gloves, turning them inside out as they are removed, and dispose of gloves in the designated container.
- 21) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 22) Replace the resident's gown over the perineal area.
- 23) Replace the top cover over the resident.
- 24) Leave the resident in a position of safety and comfort.
- 25) Lower bed.
- 26) Empty, rinse, dry, and return basin to storage.
- 27) Place the call light or signaling device within easy reach of the resident.
- 28) Maintain respectful, courteous interpersonal interactions at all times.
- 29) Wash hands: Begin by wetting your hands.
- 30) Wash hands: Apply soap to hands.
- 31) Wash hands: Rub hands together using friction for at least 20 seconds with soap.
- 32) Wash hands: Interlace fingers pointing downward with soap.
- 33) Wash hands: Wash all surfaces of your hands with soap.
- 34) Wash hands: Wash all surfaces of wrists with soap.
- 35) Wash hands: Rinse hands thoroughly under running water with fingers pointed downward.
- 36) Wash hands: Dry hands with a clean paper towel(s).
- 37) Wash hands: Turn off the faucet with a paper towel.
- 38) Wash hands: Discard paper towels into trash container as used.
- 39) Wash hands: Do not re-contaminate hands by touching the faucet or sink at any time during or after the hand washing procedure.

## **DENTURE CARE**

#### [only one plate is used for testing]

- 1) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 2) Explain the procedure to the resident.
- 3) Line the bottom of the sink with a protective lining that will help prevent damage to the dentures. (Towels, washcloths, or paper towels are allowed for lining.)
- 4) Put on gloves.
- 5) Apply denture cleanser.
- 6) Remove the denture from the cup.
- 7) Handle the denture carefully to avoid damage.
- 8) Handle the denture carefully to avoid contamination.
- 9) Rinse the denture cup.
- **10)** Thoroughly brush denture, including the inner, outer, and chewing. (Only one plate is used during testing.)
- 11) Rinse denture using clean, cool water.

- 12) Place denture in the rinsed denture cup.
- 13) Add cool, clean water to the denture cup.
- 14) Rinse equipment. (Denture brush or toothbrush.)
- 15) Return equipment to storage.
- 16) Discard the protective lining in an appropriate container.
- 17) Remove gloves, turning them inside out as they are removed, and dispose of gloves in the designated container.
- 18) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 19) Place the call light or signaling device within easy reach of the resident.
- 20) Maintain respectful, courteous interpersonal interactions at all times.

# DONN PPE [PUT ON] (GOWN AND GLOVES), EMPTY A URINARY DRAINAGE BAG, MEASURE AND RECORD URINE OUTPUT, DOFF [REMOVE] PPE, WITH HAND WASHING

(One of the possible mandatory first tasks)

- 1) Perform hand hygiene BEFORE touching the gown.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 2) Face the back opening of the gown.
- 3) Unfold the gown.
- 4) Place arms through each sleeve.
- 5) Secure the neck opening.
- 6) Secure the waist, making sure that the back flaps cover clothing as completely as possible.
- 7) Put on gloves.
- 8) Gloves overlap sleeves at the wrist.
- 9) Knock on door.
- 10) Introduce yourself to the resident.
- 11) Explain the procedure to the resident.
- 12) Place a barrier on the floor under the drainage bag.
- 13) Place the graduate on the previously placed barrier.
- 14) Open the drain to allow the urine to flow into the graduate.
- 15) Avoid touching the graduate with the tip of the tubing.
- 16) Close the drain.
- 17) Wipe the drain with an alcohol wipe AFTER emptying the drainage bag.
- 18) Replace the drain in the holder.
- 19) Place the graduate on a level, flat surface.
- 20) With the graduate at eye level, read the output.
- 21) Empty the graduate into the designated toilet/commode.
- 22) Rinse graduate and empty rinse water into the designated toilet/commode.
- 23) Return the graduate to storage.
- 24) Leave the resident in a position of comfort and safety.
- 25) Record the output on the provided, previously signed recording form.
- 26) The candidate's measured output reading is within 25mls of the RN Test Observer's output reading.

- 27) Place the call light or signaling device within easy reach of the resident.
- 28) Maintain respectful, courteous interpersonal interactions at all times.
- 29) Remove gloves, turning inside out as they are removed.
- 30) Remove gloves BEFORE removing the gown.
- 31) Dispose of the gloves in the appropriate container.
- 32) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 33) Unfasten the gown at the neck.
- 34) Unfasten the gown at the waist.
- 35) Remove the gown by folding the soiled area to the soiled area.
- 36) Dispose of the gown in the appropriate container.
- 37) Wash hands: Begin by wetting your hands.
- 38) Wash hands: Apply soap to hands.
- 39) Wash hands: Rub hands together using friction for at least 20 seconds with soap.
- 40) Wash hands: Interlace fingers pointing downward with soap.
- 41) Wash hands: Wash all surfaces of your hands with soap.
- 42) Wash hands: Wash all surfaces of wrists with soap.
- 43) Wash hands: Rinse hands thoroughly under running water with fingers pointed downward.
- 44) Wash hands: Dry hands with a clean paper towel(s).
- 45) Wash hands: Turn off the faucet with a paper towel.
- 46) Wash hands: Discard paper towels into trash container as used.
- 47) Wash hands: Do not re-contaminate hands by touching the faucet or sink at any time during/after the hand washing procedure.

## **DRESSING A DEPENDENT RESIDENT**

- 1) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 2) Explain the procedure to the resident.
- 3) Provide privacy; pull the privacy curtain.
- 4) Raise bed height.
- 5) Keep the resident covered while removing the gown.
- 6) Remove the gown from the unaffected side first.
- 7) Place the soiled gown in the designated laundry hamper.
- 8) When dressing the resident in a button-up shirt, insert your hand through the sleeve of the shirt and grasp the resident's hand.
- 9) When dressing the resident in a button-up shirt, always dress from the affected (weak) side first.
- 10) Assist the resident to raise their buttocks or turn the resident from side to side and draw the pants over the buttocks and up to the resident's waist.
- 11) When dressing the resident in pants, always dress from the affected (weak) side first.
- 12) When putting on the resident's socks, draw the socks up the resident's foot until they are smooth.
- 13) Leave the resident comfortably/properly dressed and in a position of safety.
- 14) Lower the bed.
- 15) Place the call light or signaling device within easy reach of the resident.

- 16) Maintain respectful, courteous interpersonal interactions at all times.
- 17) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.

#### FEEDING A DEPENDENT RESIDENT

- 1) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 2) Explain the procedure to the resident.
- 3) Position the resident in an upright position, at least 45 degrees.
- 4) Ask the resident to state their name and verify that the name matches the name on the diet card.
- 5) Protect clothing from soiling by using a napkin, clothing protector, or towel.
- 6) Provide hand hygiene for the resident BEFORE feeding. (Candidate may use a disposable wipe and dispose of it in a trash can –or- wash the resident's hands with a wet washcloth –or- they may rub hand sanitizer over all surfaces of the resident's hands until dry.)
- 7) If a wet washcloth was used to wash the resident's hands, ensure that the resident's hands are dry.
- 8) Position yourself at eye level, facing the resident while feeding the resident.
- 9) Describe the food being offered to the resident.
- 10) Offer fluids frequently from each glass.
- 11) Offer food in small amounts at a reasonable rate, allowing the resident to chew and swallow.
- 12) Wipe the resident's face during the meal at least one time.
  - a. Actor will say, "I'm full" before all the solid food and fluids are gone.
- 13) Leave resident clean.
- 14) Leave the resident in bed with the head of the bed up to at least 30 degrees.
- 15) Record intake as a percentage of total solid food eaten on the previously signed recording form.
- 16) The candidate's recorded consumed food intake is within 25 percentage points of the RN Test Observer's recorded food intake.
- 17) Record the sum total of estimated fluid intake on the previously signed recording form.
- 18) The candidate's recorded sum total consumed fluid intake is within 60mls of the RN Test Observer's recorded fluid intake.
- 19) Place the call light or signaling device within easy reach of the resident.
- 20) Maintain respectful, courteous interpersonal interactions at all times.
- 21) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.

#### **FOOT CARE - ONE FOOT**

- 1) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 2) Explain the procedure to the resident.
- 3) Fill a basin with warm water.
- 4) Put on gloves.

- 5) Remove a sock from the (right/left) foot. (The scenario read to you will specify right or left.)
- 6) Immerse the resident's foot in warm water.
  - a. You may verbalize the 5 to 20 minutes of soaking time after you begin soaking the foot.
  - b. Once the 5 to 20-minute soaking time is verbalized, the RN Test Observer acknowledges the stated time and says, "You may continue with your demonstration now."
- 7) Use water and a soapy washcloth.
- 8) Wash entire foot.
- 9) Wash between toes.
- 10) Rinse entire foot.
- 11) Rinse between toes.
- 12) Dry foot thoroughly.
- 13) Dry thoroughly between toes.
- 14) Warm lotion by rubbing it between hands.
- 15) Massage lotion over the entire foot.
- 16) Avoid getting lotion between the toes.
- 17) If any excess lotion, wipe with a towel.
- 18) Replace the sock on the foot.
- 19) Empty, rinse, dry, and return basin to storage.
- 20) Place soiled linen in the designated laundry hamper.
- 21) Remove gloves, turning them inside out as they are removed, and dispose of gloves in the designated container.
- 22) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 23) Leave the resident in a position of safety in proper body alignment in the chair.
- 24) Place the call light or signaling device within easy reach of the resident.
- 25) Maintain respectful, courteous interpersonal interactions at all times.

# MOUTH CARE—BRUSHING A RESIDENT'S TEETH

- 1) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 2) Explain the procedure to the resident.
- 3) Provide privacy; pull the privacy curtain.
- 4) Put on gloves only AFTER supplies have been gathered.
- 5) Drape the resident's chest with a towel (cloth or paper) to prevent soiling.
- 6) Wet toothbrush.
- 7) Apply toothpaste to toothbrush.
- 8) Brush the resident's teeth, including the inner, outer, and chewing surfaces of all upper and lower teeth.
- 9) Clean tongue.
- 10) Assist resident in rinsing mouth. (May use an emesis basin or a disposable cup to spit in.)
- 11) Wipe the resident's mouth.
- 12) Remove the soiled chest barrier.
- 13) Place the soiled chest barrier (cloth or paper) in the appropriate container.

- 14) Empty, rinse, and dry the emesis basin, if used, or dispose of the cup in an appropriate container.
- 15) Rinse toothbrush.
- 16) Return equipment to storage.
- 17) Remove gloves, turning them inside out as they are removed, and dispose of gloves in the designated container.
- 18) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 19) Leave the resident in a position of comfort.
- 20) Place the call light or signaling device within easy reach of the resident.
- 21) Maintain respectful, courteous interpersonal interactions at all times.

## **MOUTH CARE FOR A COMATOSE RESIDENT**

- 1) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 2) Explain the procedure to the resident.
- 3) Provide privacy; pull the privacy curtain.
- 4) Put on gloves only AFTER supplies have been gathered
- 5) Turn the resident to a side-lying position to avoid choking or aspiration.
- 6) Drape chest/bed as needed to protect from soiling.
- 7) Use swab(s) and cleaning solution (water). (May not use toothbrush or toothpaste.)
- 8) Gently and thoroughly clean the inner, outer, and chewing surfaces of all upper and lower teeth.
- 9) Gently and thoroughly clean the gums and tongue.
- 10) Wipe the resident's mouth.
- 11) Return the resident to a position of comfort and safety.
- 12) Discard swab(s) in designated container.
- 13) Place soiled linen in the designated laundry hamper.
- 14) Remove gloves, turning them inside out as they are removed, and dispose of gloves in the designated container.
- 15) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
- 16) Place the call light or signaling device within easy reach of the resident.
- 17) Maintain respectful, courteous interpersonal interactions at all times.

#### Nail Care - One Hand

- 1) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 2) Explain the procedure to the resident.
- 3) Fill a basin with warm water.
- 4) Put on gloves.

- 5) Immerse the resident's right/left hand nails in warm water. (The scenario read to you will specify right or left.)
  - a. You may verbalize at least 5 minutes of soaking time after you begin soaking the nails.
  - b. Once at least 5 minutes of soaking time is verbalized, the RN Test Observer acknowledges the stated time and says, "You may continue with your demonstration now."
- 6) Dry hand thoroughly.
- 7) Specifically, dry between the fingers.
- 8) Gently clean the nails with an orange stick.
- 9) Gently push cuticles back with a towel or washcloth.
- 10) Files each fingernail.
- 11) Empty, rinse and dry basin.
- 12) Return equipment to storage.
- 13) Place soiled linen in the designated laundry hamper.
- 14) Remove gloves, turning them inside out as they are removed, and dispose of gloves in the designated container.
- 15) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 16) Place the call light or signaling device within easy reach of the resident.
- 17) Maintain respectful, courteous interpersonal interactions at all times.

## Perineal Care for a Female Resident with Hand Washing

(One of the possible mandatory first tasks) [DEMONSTRATED ON A MANIKIN]

- 1) Knock on door.
- 2) Introduce yourself to the resident.
- 3) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 4) Explain the procedure to the resident.
- 5) Provide privacy; pull the privacy curtain.
- 6) Raise the bed height.
- 7) Fill a basin with warm water.
- 8) Put on gloves.
- 9) Direct the RN Test Observer to stand on the opposite side of the bed or raise the side rail on the opposite side of the bed to provide for safety. (The RN Test Observer does not move into position unless directed to do so by the candidate.)
- 10) Turn the resident or raise the hips and place the barrier under the buttocks. (Candidate will choose a barrier such as a towel, waterproof pad, chux, etc.)
- 11) Expose perineum only.
- 12) Separate labia.
- 13) Use water and a soapy washcloth.
- 14) Clean one side of the labia from front to back.
- 15) Using a clean portion of a washcloth, clean the other side of the labia from front to back.
- 16) Using a clean portion of a washcloth, clean the vaginal area from front to back.
- 17) Use a clean washcloth and rinse one side of the labia from front to back.

- 18) Rinse the other side of the labia from front to back using a clean portion of the washcloth.
- 19) Using a clean portion of a washcloth, rinse the vaginal area from front to back.
- 20) Pat dry.
- 21) Remove gloves, turning them inside out as they are removed, and dispose of gloves in the designated container.
- 22) Perform hand hygiene AFTER disposing of gloves.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 23) Put on new gloves.
- 24) Assist the resident in turning to the side away from the candidate. (The RN Test Observer may help hold the manikin on their side ONLY after the candidate has turned it.)
- 25) Use a clean washcloth with water and soap.
- 26) Clean from the vagina to the rectal area.
- 27) Use a clean portion of the washcloth with any stroke.
- 28) Use a clean washcloth, and rinse from the vagina to the rectal area.
- 29) Use a clean portion of the washcloth with any stroke.
- 30) Pat dry.
- 31) Safely remove the barrier from under the resident's buttocks.
- 32) Position resident (manikin) on their back.
- 33) Lower bed.
- 34) Place soiled linen in the designated laundry hamper.
- 35) Empty, rinse, dry, and return equipment to storage.
- 36) Remove gloves, turning them inside out as they are removed, and dispose of gloves in the designated container.
- 37) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 38) Place the call light or signaling device and water within easy reach of the resident.
- 39) Maintain respectful, courteous interpersonal interactions at all times.
- 40) Wash hands: Begin by wetting your hands.
- 41) Wash hands: Apply soap to hands.
- 42) Wash hands: Rub hands together using friction for at least 20 seconds with soap.
- 43) Wash hands: Interlace fingers pointing downward with soap.
- 44) Wash hands: Wash all surfaces of your hands with soap.
- 45) Wash hands: Wash all surfaces of wrists with soap.
- 46) Wash hands: Rinse hands thoroughly under running water with fingers pointed downward.
- 47) Wash hands: Dry hands with a clean paper towel(s).
- 48) Wash hands: Turn off the faucet with a paper towel.
- 49) Wash hands: Discard paper towels into trash container as used.
- 50) Wash hands: Do not re-contaminate hands by touching the faucet or sink at any time during or after the hand washing procedure.

## PERINEAL CARE FOR A MALE RESIDENT WITH HAND WASHING

(One of the possible mandatory first tasks) [DEMONSTRATED ON A MANIKIN]

- 1) Knock on door.
- 2) Introduce yourself to the resident.
- 3) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 4) Explain the procedure to the resident.
- 5) Provide privacy; pull the privacy curtain.
- 6) Raise the bed height.
- 7) Fill a basin with warm water.
- 8) Put on gloves.
- 9) Direct the RN Test Observer to stand on the opposite side of the bed or raise the side rail on the opposite side of the bed to provide for safety. (The RN Test Observer does not move into position unless directed to do so by the candidate.)
- **10)** Turn the resident or raise the hips and place the barrier under the buttocks. (Candidate will choose a barrier such as a towel, waterproof pad, chux, etc.)
- 11) Expose perineum only.
- 12) Gently grasp the penis.
- 13) Use a clean, soapy washcloth.
- 14) Clean the tip of the penis, starting at the urethral opening, working outward away from the urethral opening.
- 15) Clean the shaft of the penis away from the tip of the penis.
- 16) Use a clean portion of a washcloth with each stroke.
- 17) With a clean washcloth with soap and water, clean the scrotum.
- 18) Clean the scrotum with a clean portion of a washcloth with any stroke.
- 19) With a clean washcloth, rinse the penis.
- 20) Rinse the penis using a clean portion of a washcloth with each stroke.
- 21) Rinse the scrotum using a clean portion of a washcloth with each stroke.
- 22) Pat dry.
- 23) Remove gloves, turning them inside out as they are removed, and dispose of gloves in the designated container.
- 24) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 25) Put on new gloves.
- **26)** Assist the resident in turning to the side away from the candidate. (The RN Test Observer may help hold the manikin on his side ONLY after the candidate has turned the manikin.)
- 27) Use a new soapy washcloth to clean the rectal area.
- 28) Clean the area from the scrotum to the rectal area using a clean portion of a washcloth with each stroke.
- 29) With a clean washcloth, rinse the area from the scrotum to the rectal area.
- 30) Use a clean portion of a washcloth with any stroke.
- 31) Pat dry.
- 32) Safely remove the barrier from under the resident's buttocks.

- 33) Dispose of all soiled linen in the designated container.
- 34) Position resident on their back.
- 35) Lower bed.
- 36) Empty, rinse, dry, and return equipment to storage.
- 37) Remove gloves, turning them inside out as they are removed, and dispose of gloves in the designated container.
- 38) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 39) Leave the resident in a position of comfort and safety.
- 40) Place the call light or signaling device within easy reach of the resident.
- 41) Maintain respectful, courteous interpersonal interactions at all times.
- 42) Wash hands: Begin by wetting your hands.
- 43) Wash hands: Apply soap to hands.
- 44) Wash hands: Rub hands together using friction for at least 20 seconds with soap.
- 45) Wash hands: Interlace fingers pointing downward with soap.
- 46) Wash hands: Wash all surfaces of your hands with soap.
- 47) Wash hands: Wash all surfaces of wrists with soap.
- 48) Wash hands: Rinse hands thoroughly under running water with fingers pointed downward.
- 49) Wash hands: Dry hands with a clean paper towel(s).
- 50) Wash hands: Turn off the faucet with a paper towel.
- 51) Wash hands: Discard paper towels into trash container as used.
- 52) Wash hands: Do not re-contaminate hands by touching the faucet or sink at any time during or after the hand washing procedure.

# PIVOT-TRANSFER A WEIGHT BEARING, NON-AMBULATORY RESIDENT FROM THEIR BED TO A WHEELCHAIR USING A GAIT BELT

- 1) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 2) Explain the procedure to the resident.
- 3) Obtain a gait belt.
- 4) Lock bed brakes to ensure resident's safety.
- 5) Assist the resident in putting on non-skid footwear.
- 6) Adjust bed height to ensure the resident's feet will be flat on the floor.
- 7) Assist resident to a sitting position.
- 8) Position the wheelchair at the foot or head of the bed with the wheelchair arm/wheel touching the side of the bed.
- 9) Lock wheelchair brakes to ensure resident's safety.
- 10) Properly place the gait belt around the resident's waist to stabilize the trunk.
- 11) Tighten gait belt. Check the gait belt for tightness by slipping fingers between the gait belt and the resident.
- 12) Grasp the gait belt with both hands.
- 13) Bring the resident to a standing position using proper body mechanics.

- 14) Assist the resident in pivoting and sitting in the wheelchair in a controlled manner that ensures safety.
- 15) Remove gait belt.
- 16) Place resident within easy reach of the call light or signaling device.
- 17) Maintain respectful, courteous interpersonal interactions at all times.
- 18) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.

# PIVOT-TRANSFER A WEIGHT BEARING, NON-AMBULATORY RESIDENT FROM A WHEELCHAIR TO THEIR BED USING A GAIT BELT

- 1) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 2) Explain the procedure to the resident.
- 3) Obtain a gait belt.
- 4) Lock bed brakes to ensure resident's safety.
- 5) Adjust bed height to ensure the resident's feet will be flat on the floor.
- 6) Position the wheelchair at the foot or head of the bed with the wheelchair arm/wheel touching the side of the bed.
- 7) Lock wheelchair brakes to ensure resident's safety.
- 8) Properly place the gait belt around the resident's waist to stabilize the trunk.
- 9) Tighten gait belt. Check the gait belt for tightness by slipping fingers between the gait belt and the resident.
- 10) Ensure the resident's feet are flat on the floor.
- 11) Ask the resident to place their hands on the wheelchair armrests.
- 12) Grasp the gait belt with both hands.
- 13) Bring the resident to a standing position using proper body mechanics.
- 14) Assist the resident to pivot and sit on the bed in a controlled manner that ensures safety.
- 15) Remove gait belt.
- 16) Remove resident's non-skid footwear.
- 17) Assist the resident to lie down in the center of the bed.
- 18) Make sure the resident is comfortable and in good body alignment.
- 19) Lower bed.
- 20) Place a call light or signaling device within easy reach of the resident.
- 21) Maintain respectful, courteous interpersonal interactions at all times.
- 22) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.

#### POSITION RESIDENT ON THEIR SIDE IN BED

- 1) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 2) Explain the procedure to the resident.

- 3) Provide privacy; pull the privacy curtain.
- 4) Position bed flat.
- 5) Raise bed height.
- 6) Direct the RN Test Observer to stand on the side of the bed opposite the working side of the bed –orraise the side rail on the side of the bed opposite the working side of the bed to provide for safety.
- 7) From the working side of the bed, move the resident's upper body, hips, and legs toward yourself to provide room on the bed that will be used to safely turn the resident on their side.
- 8) Assist/turn the resident on their correct side read to the candidate in the scenario by the RN Test Observer.
- 9) Ensure that the resident's face never becomes obstructed by the pillow.
- 10) Check to be sure that the resident is not lying on their downside arm.
- 11) Ensure the resident is in correct body alignment.
- 12) Place support devices, such as pillows, wedges, blankets, etc., under the resident's head to maintain correct body alignment and protect bony prominences.
- 13) Place support devices, such as pillows, wedges, blankets, etc., under the resident's upside arm to maintain correct body alignment and protect bony prominences.
- 14) Place support devices, such as pillows, wedges, blankets, etc., behind the resident's back to maintain correct body alignment and protect bony prominences.
- 15) Place support devices, such as pillows, wedges, blankets, etc., between the resident's knees to maintain correct body alignment and protect bony prominences.
- 16) Leave the resident in a position of comfort and safety.
- 17) Lower bed.
- 18) Place the call light or signaling device within easy reach of the resident.
- 19) Maintain respectful, courteous interpersonal interactions at all times.
- 20) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.

## RANGE OF MOTION FOR THE HIP AND KNEE

- 1) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 2) Explain the procedure to the resident.
- 3) Raise bed height.
- 4) Provide privacy; pull the privacy curtain.
- 5) Position resident supine (bed flat).
- 6) Position the resident in good body alignment.
- 7) Place one hand under the resident's knee.
- 8) Place the other hand under the resident's ankle.
- 9) Do not cause discomfort/pain anytime during ROM.
- 10) ROM for hip: Move the entire leg away from the body.
  - a. abduction
- 11) Move the entire leg back toward the body.
  - a. adduction
- 12) Complete abduction and adduction of the hip at least three times.

- 13) Continue to correctly support joints by placing one hand under the resident's knee and the other hand under the resident's ankle.
- 14) Bend the resident's knee and hip toward the resident's trunk.
  - a. flexion of hip and knee at the same time
- 15) Straighten the knee and hip.
  - a. extension of knee and hip at the same time
- 16) Complete flexion and extension of knee and hip at least three times.
- 17) Do not force any joint beyond the point of free movement.
- 18) The candidate <u>must ask</u> at least once during the ROM exercise if there is/was any discomfort/pain.
- 19) Leave the resident in a comfortable position.
- 20) Lower bed.
- 21) Place the call light or signaling device within easy reach of the resident.
- 22) Maintain respectful, courteous interpersonal interactions at all times.
- 23) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.

#### RANGE OF MOTION FOR THE SHOULDER

- 1) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 2) Explain the procedure to the resident.
- 3) Provide privacy; pull the privacy curtain.
- 4) Raise bed height.
- 5) Position resident supine (bed flat).
- 6) Position the resident in good body alignment.
- 7) Place one hand under the resident's elbow.
- 8) Place the other hand under the resident's wrist.
- 9) Do not cause discomfort/pain at any time during ROM.
- 10) Raise the resident's arm up and over the resident's head.
  - a. flexion
- 11) Bring the resident's arm back down to the resident's side.
  - a. extension
- 12) Complete flexion and extension of the shoulder at least three times.
- 13) Continue the same support for shoulder joints by placing one hand under the resident's elbow and one hand under the resident's wrist.
- 14) Move the resident's entire arm out away from the body.
  - a. abduction
- 15) Return the resident's arm to the resident's side.
  - a. adduction
- 16) Complete abduction and adduction of the shoulder at least three times.
- 17) Do not force any joint beyond the point of free movement.
- 18) The candidate <u>must ask</u> at least once during the ROM exercise if there is/was any discomfort/pain.
- 19) Leave the resident in a comfortable position.
- 20) Lower bed.

- 21) Place the call light or signaling device within easy reach of the resident.
- 22) Maintain respectful, courteous interpersonal interactions at all times.
- 23) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.

## VITAL SIGNS - BLOOD PRESSURE

- 1) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 2) Explain the procedure to the resident.
- 3) Provide privacy; pull the privacy curtain.
- 4) Assist resident into a comfortable sitting or recumbent position with forearm relaxed and supported in a palm-up position.
- 5) Roll the resident's sleeve up about 5 inches above the elbow.
- 6) Apply the cuff around the upper arm just above the elbow and line the cuff arrows up with the brachial artery.
- 7) Clean the earpieces of the stethoscope appropriately and place them in your ears.
- 8) Clean the diaphragm of the stethoscope.
- 9) Place the stethoscope over the brachial artery.
- 10) Hold the stethoscope snugly in place.
- 11) Inflate the cuff to 160-180 mmHG.
- 12) Slowly release air from the cuff to the disappearance of pulsations.
- 13) Remove cuff.
- 14) Record reading on the previously signed recording form.
- 15) The candidate's recorded systolic blood pressure is within 6 mmHg of the RN Test Observer's recorded systolic blood pressure.
- 16) The candidate's recorded diastolic blood pressure is within 6 mmHg of the RN Test Observer's recorded diastolic blood pressure.
- 17) Place the call light or signaling device within easy reach of the resident.
- 18) Maintain respectful, courteous interpersonal interactions at all times.
- 19) Perform hand hygiene.
  - b. Cover all surfaces of hands with hand sanitizer.
  - c. Rub hands together until hands are dry.

#### VITAL SIGNS - PULSE AND RESPIRATIONS

- 1) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.
- 2) Explain the procedure to the resident.
- 3) Locate the radial pulse by placing the tips of fingers on the thumb side of the resident's wrist.

- 4) Count pulse for a full minute (60 seconds).
  - a. Tell the RN Test Observer when you start counting and tell them when you stop counting.
- 5) Count respirations for a full minute (60 seconds).
  - a. Tell the RN Test Observer when you start counting and tell them when you stop counting.
- 6) Record the pulse rate on the previously signed recording form.
- 7) The candidate's recorded pulse rate is within 4 beats of the RN Test Observer's recorded pulse rate.
- 8) Record respirations on the previously signed recording form.
- 9) The candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded respiratory rate.
- 10) Place the call light or signaling device within easy reach of the resident.
- 11) Maintain respectful, courteous interpersonal interactions at all times.
- 12) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are dry.

# **Knowledge Exam Vocabulary List**

adduction
abandonment
abdominal thrust
abduction
abductor wedge
abnormal vital signs
abuse
acceptance
accidents
accountable
activities
acute
adaptive devices
adduction
ADL
admitting resident
advance directives
afebrile
affected side
aging process
agitation
AIDS
airborne transmitted diseases
Alzheimer's
ambulation

amputees
anemia
anger
angina
anterior
anti-embolic stocking
antibacterial
antibiotics
anxiety
aphasia
apical
apnea
arthritis
aseptic
aspiration
assault
assistive device
atrophy
axillary temperature
bacteria
bargaining
basic needs
bathing
bed height
bed making

bedpan
bedrails
bedrest
behavior
beliefs
biohazard
bladder training
bleeding
blindness
blood pressure
bloodborne pathogen
body alignment
body fluid
body language
body mechanics
body system
body temperature
bone loss
bowel program
brain stem
breathing
brittle bones
burnout
call light
cancer

cardiac arrest
cardiopulmonary resuscitation
cardiovascular system
care impaired
care plan
cast
cataract
catheter
cc's in an ounce
central nervous system
chain of command
charge nurse
chemical restraint
chemical safety
chemotherapy
choking
chronic
circulation
cleaning
clear liquid diet
clergy
cognitively impaired
colostomy
coma
combative resident
communicable
communication
competency evaluation
conduct
confidentiality
conflict
confused resident
congestive heart failure
constipation
contamination
contracture
converting measures
COPD
coughing excessively
cross-contamination
CVA
cyanotic
dangling

de-escalation
death and dying
decubitus ulcer
deeper tissue
dehydration
delegation
demanding resident
dementia
denial
denture care
dentures
dependability
depression
development
developmental disability
diabetes
diaphragm
diet
digestion
dilate
disease
disinfection
disoriented
disposing of contaminated
materials
disrespect
dizziness
DNR
documentation
domestic abuse
dorsiflexion
dressing
droplets
dry skin
dying
dysphagia
dyspnea
dysuria
edema
elastic stockings
elderly
electrical equipment
elimination
elopement

emesis
emotional abuse
emotional needs
emotional stress
empathy
emphysema
enema
epilepsy
essential behaviors
ethics
eyeglasses
falls
fecal impaction
feces
feeding
fire
first aid
flatus
flexed
foot board
foot care
foot drop
Fowler's
fracture pan
fractures
fraud
frayed cord
gait belt
gastric feedings
gastrostomy tube
geriatrics
gerontology
gestures
gifts
gloves
grieving process
group settings
hair care
hand care
hand hygiene
hand tremors
hand washing
health-care team

hearing aid
hearing impaired
heart attack
heart muscle
helping residents
hemiplegia
hip prosthesis
HIPAA
HIV
holistic care
hormones
hospice
Huntington's
hyperglycemia
hypertension
hyperventilation
immobility
impaired
in-house transfer
in-service programs
incontinence
indwelling catheter
infection
infection control
initial observations
insomnia
intake and output
integumentary system
interpersonal skills
invasion of privacy
ischemia
isolation
jaundice
job application
job description
lactose intolerance
laxatives
life support
lift/draw sheet
linen
living will
log roll
loose teeth

male perineal care
mask
Maslow
masturbation
measuring height
measuring temperature
mechanical lift
medical asepsis
medical record
medications
memory loss
mental health
microorganism
misappropriation
mistakes
mobility
mouth care
moving
MSDS
musculoskeletal
nail care
nasal cannula
needles
neglect
non-contagious disease
non-verbal communication
nosocomial infection
NPO
nursing assistant's role
nutrition
nutritional supplement
objective
OBRA
occupied bed
ombudsman
oral care
oral temperature
orientation
osteoporosis
output
oxygen
palliative care
paralysis
. ,

paranoia
Parkinson's
partial assistance
passive
pathogen
patience
perineal care
peristalsis
personal care
personal items
personal protective equipment
personal values
pet therapy
phone etiquette
physical needs
physical therapist
physician's authority
plaque
plate rim
podiatrist
positioning
precautions
pressure ulcer
preventing falls
privacy
progressive
pronation
prostate gland
prosthesis
protective equipment
psychological needs
PTSD
pulse
pureed diet
quadriplegia
quality of life
RACE (acronym)
radial
range of motion
reality orientation
rectal
refusal
regulation



rehabilitation
religious service
reminiscing
renewal
reporting
reposition
resident abuse
resident belongings
resident independence
resident pain
resident pictures
resident right
resident treatment
resident trust
resident's chart
resident's environment
resident's families
residents
respectful treatment
respiration
responding to resident
behavior
responsibility
restorative care
restraint
resuscitation
rights
rigor mortis
risk factor
role
rotation
safety
sanitizer
scale
seclusion
secretions

self-esteem semi fowlers sensory system sexual abuse sexual needs sexually transmitted disease sharing information Sharp's container shaving shearing side rails skin observation slander smoking social needs social worker soiled linen specimen spills spiritual needs stages of grief standard precautions stealing stereotypes stethoscope stress stroke subjective sundowning supine survey swelling tachycardia tendons terminal illness	
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sensory system sexual abuse sexual needs sexually transmitted disease sharing information Sharp's container shaving shearing side rails skin observation slander smoking social needs social worker soiled linen specimen spills spiritual needs stages of grief standard precautions stealing stereotypes stethoscope stress stroke subjective sundowning supine survey swelling tachycardia tendons	self-esteem
sexual abuse sexual needs sexually transmitted disease sharing information Sharp's container shaving shearing side rails skin observation slander smoking social needs social worker soiled linen specimen spills spiritual needs stages of grief standard precautions stealing stereotypes stethoscope stress stroke subjective sundowning supine survey swelling tachycardia tendons	semi fowlers
sexually transmitted disease sharing information Sharp's container shaving shearing side rails skin observation slander smoking social needs social worker soiled linen specimen spills spiritual needs stages of grief standard precautions stealing stereotypes stethoscope stress stroke subjective sundowning supine survey swelling tachycardia tendons	sensory system
sexually transmitted disease sharing information Sharp's container shaving shearing side rails skin observation slander smoking social needs social worker soiled linen specimen spills spiritual needs stages of grief standard precautions stealing stereotypes stethoscope stress stroke subjective sundowning supine survey swelling tachycardia tendons	sexual abuse
sharing information Sharp's container shaving shearing side rails skin observation slander smoking social needs social worker soiled linen specimen spills spiritual needs stages of grief standard precautions stealing stereotypes stethoscope stress stroke subjective sundowning supine survey swelling tachycardia tendons	sexual needs
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shearing side rails skin observation slander smoking social needs social worker soiled linen specimen spills spiritual needs stages of grief standard precautions stealing stereotypes stethoscope stress stroke subjective sundowning supine survey swelling tachycardia tendons	Sharp's container
side rails skin observation slander smoking social needs social worker soiled linen specimen spills spiritual needs stages of grief standard precautions stealing stereotypes stethoscope stress stroke subjective sundowning supine survey swelling tachycardia tendons	shaving
skin observation slander smoking social needs social worker soiled linen specimen spills spiritual needs stages of grief standard precautions stealing stereotypes stethoscope stress stroke subjective sundowning supine survey swelling tachycardia tendons	shearing
slander smoking social needs social worker soiled linen specimen spills spiritual needs stages of grief standard precautions stealing stereotypes stethoscope stress stroke subjective sundowning supine survey swelling tachycardia tendons	side rails
smoking social needs social worker soiled linen specimen spills spiritual needs stages of grief standard precautions stealing stereotypes stethoscope stress stroke subjective sundowning supine survey swelling tachycardia tendons	skin observation
social needs social worker soiled linen specimen spills spiritual needs stages of grief standard precautions stealing stereotypes stethoscope stress stroke subjective sundowning supine survey swelling tachycardia tendons	slander
social worker soiled linen specimen spills spiritual needs stages of grief standard precautions stealing stereotypes stethoscope stress stroke subjective sundowning supine survey swelling tachycardia tendons	smoking
soiled linen specimen spills spiritual needs stages of grief standard precautions stealing stereotypes stethoscope stress stroke subjective sundowning supine survey swelling tachycardia tendons	social needs
specimen spills spiritual needs stages of grief standard precautions stealing stereotypes stethoscope stress stroke subjective sundowning supine survey swelling tachycardia tendons	social worker
spills spiritual needs stages of grief standard precautions stealing stereotypes stethoscope stress stroke subjective sundowning supine survey swelling tachycardia tendons	soiled linen
spiritual needs stages of grief standard precautions stealing stereotypes stethoscope stress stroke subjective sundowning supine survey swelling tachycardia tendons	specimen
stages of grief standard precautions stealing stereotypes stethoscope stress stroke subjective sundowning supine survey swelling tachycardia tendons	spills
standard precautions stealing stereotypes stethoscope stress stroke subjective sundowning supine survey swelling tachycardia tendons	spiritual needs
stealing stereotypes stethoscope stress stroke subjective sundowning supine survey swelling tachycardia tendons	stages of grief
stereotypes stethoscope stress stroke subjective sundowning supine survey swelling tachycardia tendons	standard precautions
stethoscope stress stroke subjective sundowning supine survey swelling tachycardia tendons	stealing
stress stroke subjective sundowning supine survey swelling tachycardia tendons	stereotypes
stroke subjective sundowning supine survey swelling tachycardia tendons	,
subjective sundowning supine survey swelling tachycardia tendons	
sundowning supine survey swelling tachycardia tendons	stroke
supine survey swelling tachycardia tendons	•
survey swelling tachycardia tendons	sundowning
swelling tachycardia tendons	supine
tachycardia tendons	-
tendons	
terminal illness	
	terminal illness

terminology
thick fluid
threatening resident
thrombus
TIA
tips
toenails
trachea
transfers
transporting
tub bath
twice daily
tympanic
unaffected
unconscious
unsteady
urethral
urinary
urine specimen
UTI
varicose veins
vision change
vital signs
vomitus
walker
wandering resident
water faucets
weakness
weighing
weight
well-being
wheelchair safety
withdrawn resident

Notes:				